13000159801

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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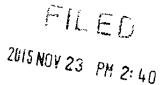
TO: Registration Se Division of Cor			
SUBJECT: TE	NA AUTO FINE Name of Lim	INCE LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ahmet Can	Vesilbasaz Name of Person	
	TENA AUTO	FINANCE LLC Firm/Company	
	2316 W. HILLSE	Address	
	TAMPA, FL,	33603 City/State and Zip Code 16032	
	ahmet yesi	lbogaz etenaaut to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca		
Ahnet C	Yes:1bogaz Person	at (<u>\$13</u>) 230 & Area Code Daytime	878 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TENA AUTO FINA, (Name of the Limited Liah (A Flor	NCE LLC pility Company as it now appea ida Limited Liability Company)	rs on our records.)	ETARY OF STATE
The Articles of Organization for this Limited Liability	Company were filed on	11/13/2013	and assigned
Florida document number <u>L13000159801</u>	<u>L</u> .	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company ho	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		<u> </u>
(Principal office address MUST BE A STREET ADL	DRESS)		
•			
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on dress here:	our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
	City	, Florida	Zip Code
	Cuy		esp code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	ERZIN ATAC	120 RIVERSIDE BOULEVARIS	 Add
		# PH35	Remove
		MANHATTAN, NY 10069	Change
			Add
			🗆 Remove
			Change
			Remove
			Chings PH 2: 4 OR ICA CRITICAL Remove
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ted <u>NO</u>	IEMBER	19	,	201	5	in llz				
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Page 3 of 3

Filing Fee: \$25.00