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SECRETARY OF STATE BIVISION OF SCREENING SERVICES ON THE STATE OF STATE OF

AUG 2 8 2014 J. HARRIS

COVER LETTER -

TO: **Registration Section Division of Corporations**

CAR FINANCING SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE BOBLA

Name of Person

CAR FINANCING SOLUTIONS LLC

Firm/Company

5724 THRUSH DRIVE

Address

NEW PORT RICHEY, FLORIDA 34652

City/State and Zip Code

mikebobala@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE BOBALA

1 at (727) 919 0246

Name of Person

Enclosed is a check for the following amount:

3 \$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



August 5, 2014

MIKE BOBLA 5724 THRUSH DR NEW PORT RICHEY, FL 34652

SUBJECT: CAR FINANCING SOLUTIONS LLC

Ref. Number: L14000092359

We have received your document for CAR FINANCING SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 414A00016783

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CAR FINANCING SOLUTIONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000092359</u>	were filed on JULY 18 4 9	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5724 THRUSH DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY, FL	ORIDA 34652
		‡ × × × × × × × × × × × × × × × × × × ×
		and the second
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	22 Hint
(Mailing address MAY BE A POST OFFICE BOX)		-0 100
		٠ <u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Zin Code
Nam Decistant Agent's Signature if shanging Degistered Agents		zyr cone

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	MIKE BOBALA	5724 THRUSH DRIVE	Add
		NEW PORT RICHEY, F	☐ Remove
		34652	
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Filing Fee: \$25.00