

L16000087577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

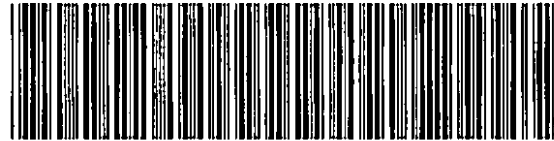
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/22/22--01013--017 \*\*25.00

22 AUG 22 PM 12:35  
DIVISION OF CORPORATION

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MFS AUTO FINANCE 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:

MARLENY VELASQUEZ

Name of Person

VELASQUEZ BOOKKEEPING SOLUTIONS

Firm/Company

2786 TENNIS CLUB DR 202

Address

WEST PALM BEACH, FL 33417

City/State and Zip Code

admin@mfsautofinance.com

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

For further information concerning this matter, please call:

MARLENY VELASQUEZ 561 632-6749  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MFS AUTO FINANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/04/2016 and assigned  
Florida document number L16000087577.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5078 NW 74TH AVE UNIT B

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5078 NW 74TH AVE UNIT B

MIAMI, FL 33166

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARLENY VELASQUEZ

New Registered Office Address:

2786 TENNIS CLUB DR 202

*Enter Florida street address*

WEST PALM BEACH

*City*

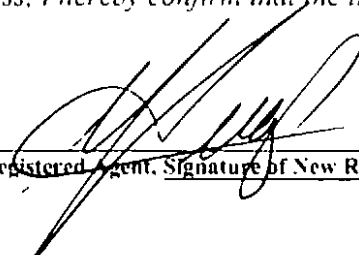
Florida 33417

*Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDUARDO J SUED	2188 N MILITARY TRAIL SUITE C	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GEISHA GARCIA	2188 N MILITARY TRAIL SUITE C	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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DIVISION OF REVENUE COLLECTION

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Secretary of Education

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

MIGUEL GUSTAVO GARCIA

Typed or printed name of signee

**Filing Fee: \$25.00**