Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000117741 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUB INC

Account Number : I20240000012 : (954)866-9393 Phone

Fax Number : (954)866-9394

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| mail | Address: | | | | |
|------|----------|------|--|------|--|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANDSTAR FINANCIAL LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

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Corporate Filing Menu

Help

K. SALY

APR - 1 2024

Ecom: 5548669394 Mon Apr 1 15:27:24 2024

Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LANDSTAR FINANCIAL LLC

| (A Florida Limited) | Liability Company) | | |
|---|---|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000160946</u> . | were filed on 07/27/2017 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ollity company here: | | |
| LENDSTAR CAPITAL LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1001 Brickell Bay Dr | | |
| (Principal office address MUST BE A STREET ADDRESS) | DRESS) STE 2700 | | |
| | MIAMI, FL 33131 | | |
| Enter new mailing address, if applicable: | 1100 Brickell Bay Dr | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 310214 | | |
| | MIAMI, FL 33131 | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |
| | City 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.

From: 5548669394 Mon Apr 1 15:27:24 2024

Page 3 of 4

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 |
|--------------|-------------|-------------|---------------------------|
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| . If amending any other informa | ion, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective date, if other than the | date of filing: (optional) |
| | date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| he record specifies a delayed effective ord is filed. | e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated April 1st | 2024 |
| | |
| | Signature of a member or authorized representative of a member |
| | Dooshme Derosier |
| | Typed or printed name of signee |

Page 4 of 4

From: 2548669394 Mon Apr 1 15:27:24 2024

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