

418000035353

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Auto Financial Remarketing Group, 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:

Meena Masoud  
Name of Person

Auto Financial Remarketing Group, LLC  
Firm/Company

156 Williamson Dr.  
Address

Davenport, Florida 33897  
City/State and Zip Code

Auto Financial Remarketing Group@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meena Masoud at (727) 237-8127  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Auto Financial Remarketing Group, LLC

The Articles of Organization for this Limited Liability Company were filed on 02/08/2018 and assigned Florida document number L 18000035353.

Page 1 of 3

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>
AMBR	Sylvia Hanna	2642 Michigan Ave #B	<input checked="" type="checkbox"/> Add
		Kissimmee, Florida	<input type="checkbox"/> Remove
		34744	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA  
18 MAR 23 AM 14 16

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.

**Dated** \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member *AMBR*

Meena Masoud  
Typed or printed name of signee