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FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|---|--|
| SUBJECT: <u>A</u> | to Financial A | Remarketing Group | ,LLC. |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Meena | Moi Soud Name of Person | |
| | Auto F | Firm/Company | ing Group, LLC |
| | 156 Will | amson Dr. Address | |
| | _ Davenport | Flori da 33 897 City/State and Zip Code | |
| | Auto Finance E-mail address: (| cial Remorketin Group to be used for future annual report hotif | og mail. com |
| For further information | concerning this matter, please ca | all: | |
| Meeno Name | Masoud of Person | at (727) 237 Area Code Daytime | - 8127 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Auto Financial Remarketing Group, (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | LLC |
|---|---------------------------------------|
| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | r records. |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{OQ}{18000035353}$. | 108 2018 and assigned |
| 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 | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | — Z AR |
| | R HAZ |
| | SET SET |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | - ORA |
| | 4. DM |
| B. If amending the registered agent and/or registered office address on our r | records, enter the name of the new |
| registered agent and/or the new registered office address here: | too too, one the man of the me. |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida stree | et 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.

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 = Au | thorized Member | | |
|--------------|-----------------|--|----------------|
| <u>Title</u> | Name | <u>Address</u> | Type of Action |
| AMBR | Sylvia Hanna | 2642 Michigan Avet Kissimmee, Florida | #B Add |
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| ective date, if other | than the date of | filing: | to date of filing or | (opti | ional) er filing.) Pursuant to 605.0207 |
| te: If the date inserte | d in this block does | not meet the applic | able statutory fil | | is date will not be listed as |
| ument's effective dat | e on the Departmen | i oi state s records | • | | |
| record specifies a | delayed effecti | ve date, but no | ot an effective | time, at 12:01 | a.m. on the earlier o |
| he 90th day afte | r the record is fi | led. | | | |
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| ed | | , | _· | | |
| | | 7 | | AMBR | |
| | Signature | of a member or auti | orized representati | ve of a member | |

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Filing Fee: \$25.00