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SLORETARY OF STATES
TALLAHASSEE FLORIDA

APRO32019 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE/		ato Leasing, LLC		
SOBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Andrew Zelenkofske		
			Name of Person	
		President		
			Firm/Company	
		1902 Spanish Trail, Unit #	4	
			Address	
		Delray Beach, FL 334834		
			City/State and Zip Code	
		zelman1206@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please co	all:	
Andrew	Zelenkofske		800 990-3286 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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

Regions Auto Leasing, LLC					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re Liability Company)	cords.)			
The Articles of Organization for this Limited Liability Company Florida document number L18000044865	2018 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:				
Regions Auto Management, LLC	_				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	150 E Palmetto Park Rd.	, ,			
(Principal office address MUST BE A STREET ADDRESS)	Suite 800				
	Boca Raton, FL 33432	A.M			
		S S S S S S S S S S S S S S S S S S S			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		To Es graves			
		Ø 03			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		_, Florida			
	City	, Florida			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is			
If Char	nging Registered Agent, <u>Signa</u>	ture 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>	Address	Type of Action
	N/A		Add
			Remove
			□ Change
			Add
			□ Remove
			Change
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