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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
eu:0 r	Core Leasi	ng, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	- The state of the
The cr	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Brian K. Mathis		
		- Andrews - Andr	Name of Person	The second secon
		Taylor & Associates, Attor		
			Firm/Company	
		20 3rd St. SW, Suite 209		
			Address	And the second s
		Winter Haven, FL 33880		
		bmathis@taylorattorneys.ne	City/State and Zip Code	
		E-mail address: (to be used for future annual r	eport notification)
For fur	ther information co	oncerning this matter, please ca	aff:	
Laura	Densford		863 875	-6950
Laura Densford Name of Person		Arca Code	Daytime Telephone Number	
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is ench	Certificate of Status &

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
Tollahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Leasing, LLC			
(Name of the Lim	ited Liability Comm (A Florida Limited	any as h naw appears on on Liability Company)	r records,)
The Articles of Organization for this Limited I	Liahility Company	were filed on 3/29/2018	and assigned
Florida document number L18000080790	mer man and a membership b		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u>		11555 Heron Bay Blvd.	The state of the s
		Coral Springs, FL 33076	
Enter new mailing address, if applicable:		11555 Heron Bay Blvd.	., Suite 200
(Mailing address MAY BE A POST OFFICE BOX)		Coral Springs, FL 3307	6
B. If amending the registered agent and registered agent and/or the new registered c	l/or registered of office address her	ffice address on our r	ecords, enter the name of the
Name of New Registered Agent:	Beth Mancebo	and a superior of the superior	. V.
New Registered Office Address:	5246 NW 110 2	Avenue Enter Florida stree	n address
	Coral Springs		, Florida 33076
	As \$ 100 As An exercise the second section of the second section of	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 und 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.

H 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>	Address	Type of Action
AMBR Ricardo Manceho		2843 SW. 13 Drive	
		Deerfield Beach, FL 33442	2
			☐ Change
AMBR	Beth Mancebo	5246 NW 110 Avenue	■ Add
		Coral Springs, FL 33076	☐ Remove
			☐ Change
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier o	of:
	05/04/18		
ted .	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00