L18000155932

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Doomood Emmy Norma) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



600355806656

12/03/20--01011--007 **25.00

FILED 2020 DEC -3 PH 3: 57



COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|---|---|--|
| SHRIECT: Car | 15 Finance, | LLC | |
| SUBJECT: | Name of Limite | d Liability Company | j. |
| The enclosed Articles of A | xmendment and fee(s) are submi | itted for filing. | |
| Please return all correspor | ndence concerning this matter to | the following: | |
| | Getulio (| Name of Person | |
| | | AN CELLC Firm/Company | |
| | 7945 S, ora | nge Blossom Trail | <u>.</u> |
| | orlando, f | City/State and Zip Code | |
| | E-mail address: (to | be used for future annual report notif | ūcation) |
| For further information co | ncerning this matter, please call | : | |
| Gitolio Cava Name of | lante Person | at (407) 369 — Daytime | 4675 e Telephone Number |
| Enclosed is a check for the | e 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 S | ection | Street Address: Registration Se | |
| Division of Co P.O. Box 632 | | Division of Cor The Centre of T | |

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (ars Finance, | | |
|---|--|---------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records.) inted Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on | and assigned |
| lorida document number | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES. | <u> </u> | |
| | | |
| | | 2020 |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | <u>පැ</u> |
| 3. If amending the registered agent and/or registered off gent and/or the new registered office address here: | fice address on our records, <u>enter the</u> | name of the new regist |
| gent and/or the new registered office address nere, | | ω · |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | a |
| | City | Zin Carlo |

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 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 |
|--------------|---------------------|---|-----------------------------|
| Director | Dantar, Christian B | 7945 S. Orange Blossom Trl | □Add |
| | | 7945 S. Drange Blossom Trl Orlando, Fl 32809 | Remove |
| | | | []Change |
| | | | □ Add |
| | | □Remove | |
| | | | 7020 DEG-3 |
| | | | GJAdtf -3 P□Remove 3: |
| | | | ပ္ တို့ □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | |

| | | | | | |
|---|---|---|--------------------------|--|--|
| | | | | | <u> </u> |
| | | | | <u> </u> | |
| | | | | | - <u>-</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | 2020 DEC |
| | | | | | |
| | | | | | -3 / |
| | | | | | : 3 |
| | | | | | 58 |
| | <u> </u> | | | | |
| | <u> </u> | | | | |
| · | | | | | · |
| | | | | | |
| ective date, if other that effective date is listed, the da e: If the date inserted in t ument's effective date on | te must be specific an- his block does not t | d cannot be prior to date meet the applicable st | of filing or more than ' | (optional) 90 days after filing, ements, this date | Pursuant to 605.020 will not be listed a |
| cord specifies a delayed ef s tiled. | Tective date, but no | t an effective time, at | 12:01 a.m. on the e | arlier of: (b) Th | e 90th day after the |
| | | | | | |
| ed <u>December</u> | | . <u>2020</u> . | | | |
| | | | | | |
| | | member or authorized | consequenting Me ma | mber | |

. . . .

DIL D 037.00