Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAR OZMF, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

EXAMINER

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KAR OZMF, LLC  |  |  |                           |   |
|--|--|--|---------------------------|---|
| (Name of the Limited Linhility Co  | impany as it now appears on<br>ited Linbility Company) | our records.)                            |                           |   |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L19000010724</u>  | any were filed on 1/11/20                              | 018                                      | and as                    | signed                                  |
| This amendment is submitted to amend the following:  |  |  |                           |   |
| A. If amending name, enter the new name of the limited   | liability company here:                                |  |                           |   |
| KAR OZF I, LLC   |  |  |                           | :                                       |
| The new name must be distinguishable and contain the words "Limited L  | iability Company," the design                          | union "LLC" or the ab                    | breviation "L             | .L.C."                                  |
| Enter new principal offices address, if applicable:  |  |  |                           | 21                                      |
|  |  |  | <del> </del>              | ======================================= |
| (Principal office address MUST BE A STREET ADDRESS   | 22   |  | 7 .4                      | <u> </u>                                |
|  | ·  |  |                           | <u>- Z-</u> :                           |
|  |  |  |                           | ا دی                                    |
| Enter new mailing address, if applicable:  |  |  | <del>سر</del> ب           | <del></del> :                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  | <u>무요</u><br>그로           | ا جو۔۔۔ ا                               |
|  |  |  |                           | <u></u>                                 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:   |  | , records, <u>sate</u>                   | ano name                  |   |
| New Registered Office Address:   | •  |  |                           |   |
| TANK LABINATAN ALITAKTANA  | Enter Florida s  | treet address                            |                           |   |
|  |  | , Florida                                |                           |   |
|  | City   | ,  | Zip Code                  |   |
| New Registered Agent's Signature, if changing Registered Age   | ent:   |  |                           |   |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | lete performance of my c<br>as provided for in Chap    | duties, and I am f<br>oter 605, F.S. Or, | amiliar wi<br>if this doc | th and<br>ument is                      |
| III  | Changing Registered Agent,                             | Signature of New Re                      | ekteretl Are              | <u>nı</u>                               |

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR =       | Authorized Member | ed Member                        |                |
|--------------|-------------------|----------------------------------|----------------|
| Title        | Name              | Address                          | Type of Action |
|              |                   |                                  | [2] Add        |
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|              |                   |                                  | □ Remove       |
|              |                   | ******************************** | □ Change       |
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|              |                   |                                  | □ Remove       |
|              |                   |                                  | Change.        |
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|              |                   |                                  | Change C       |
| <del> </del> |                   |                                  |                |
|              |                   |                                  | ☐ Remove       |
|              |                   |                                  | ☐ Change       |
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|              |                   |                                  | ☐ Remove       |
|              |                   |                                  | □ Change       |

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|   |   | <u> </u>                                      | ······································ |  | <sup>'</sup>  |                                   |
| Mective date, if other an effective date is listed, the lote: If the date inserted ocument's effective date | se date must be specific a<br>in this block does no | and cannot be prior to<br>t meet the applicat | date of fiting or a                    | nore than 90 days a                    | ptional) Rer filing.) Pursuant this date will not b | to 605,9207 (i<br>oe listed as th |
| e record specifies a<br>The 90th day after  | delayed effective<br>the record is filed            | date, but not<br>d.                           | an effective                           | tlme, at 12:0                          | 1 a.m. on the (                                     | earlier of:                       |
| ated  | 23  | 2019  | -//                                    |  |   |                                   |
|   | Signature of  | u member or author                            | ized representativ                     | e of a member                          |   |                                   |
|   |   |   |  | L .                                    |   |                                   |

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