1190000 16830

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COVER LETTER

Div	rision of Corpo	orations				
eublect.		gage Solution LLC				
SUBJECT:	-					
The enclosed	I Articles of Ar	nendment and fee(s) are subt	mitted for filing.			
Please return	all correspond	lence concerning this matter	to the following:			
		Raquel Carrodeguas				
			Name of Perso	n		
	Firm/Company					
	2130 W Dr ML King Jr Blvd					
Tampa, FL 33607						
		candcepas@aol.com E-mail address: (t	to be used for future a	nnual report notificati	on)	
For further i	nformation con	seerning this matter, please ca	ıll:			3 海河
Raquel Carr	odeguas		813 at (874-2201		-1 50
	Name of F	Person	Area Code	Daytime Tel	ephone Number	FORATIONS
Enclosed is	a check for the	following amount:				C
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified		S60.00 Filing I Certificate of Certified Cop (additional copy)	Status & y
Ma	iling Address:		Str	eet Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011AR 18 PH

The EZ Mortgage Solution LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

· · · · · · · · · · · · · · · · · · ·	vere filed on 15 JANUARY 2019	and assigned
Florida document number L19000016830		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ity company here:	
AUTO RALLY LLC		
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
	ddress on our records, <u>enter the n</u>	name of the new registered
agent and/or the new registered office address here:		name of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the n	name of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent: New Registered Office Address:		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address, Florida City	Zip Code

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Remove
			□Change

Typed or printed name of signee