L19000027688

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Emity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
	Car Cash U		٢	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Bryce Adams		
		Car Cash USA, LLC	Name of Person	
	Firm/Company			
		702 E Bearss Ave	Address	
		Tampa FL 33613		
		bryce3j@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fu	rther information c	oncerning this matter, please c	all:	
Bryce	Adams		561 815-9498 at()	
-	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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

FILED

Car Cash USA, LLC

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

The Articles of Organization for this Limited Liability Compa Florida document number L19000027688	ny were filed on $\frac{1/28/2019}{}$	SECRETARY OF STATE TALLAHASSEE, Audustigned
Florida document number L19000027688		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation	on "LLC" or the 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 registered agent and/or the new registered office address h		ecords, enter the name of the r
	-	
Name of New Registered Agent:		
N. D. C. LOSS All as		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
······································	City	Zip Code
Name Daniela and America Communication Daniela and America	-	

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 a 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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Bradley D Adams	702 E Bearss Ave, Tampa FL 33613	Add
			■ Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
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Note:	we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	··
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00