L19000267912

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			#
CUB III		INVESTMENTS LLC		
SUBJEC	L. I ;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		JOSE A MORERA		
		REMARKETING AUTO	Name of Person SALES & LEASING LLC	
		5197 SILENT LOOP #119	Firm/Company	
		NEW PORT RICHEY, FL	Address 34652	
		JOEMORE56@GMAIL.CO	City/State and Zip Code DM	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information e	oncerning this matter, please ca	all:	
JOSE M	IORERA		954 275-1182 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	d is a check for th	ne 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 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

(A Florida Limited Liability Compa (A Florida Limited)	Liability Company)	
· ·		
The Articles of Organization for this Limited Liability Company	were filed on 10/25/2019 and assigned	
Florida document number 1.19000267912		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
REMARKETING AUTO SALES & LEASING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5197 SILENT LOOP #119	
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY, FL 34652	
Enter new mailing address, if applicable:		
	7.6 28	
(Mailing address MAY BE A POST OFFICE BOX)		
	N ;===	
	ffice address on our records, enter the name of the new	
registered agent and/or the new registered office address her		
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:	-: 2	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Claufd.	
	, Florida Zin 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ANA GARCIA		🖴 Add
			☐ Remove
			□ Remove
			Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Change
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			Remove

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	10/25/2019
Note:	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed.
Dated	
	ant (
	Signature Ala member or authorized representative of a member
	$\bigcap_{i \in A} A_i = \bigcap_{i \in A} A_i A_i$

Page 3 of 3

Filing Fee: \$25.00