

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Phone : (407)326-8484

Fax Number : (407)604-6519

**\*\*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**

**YES MOTOR FINANCIAL, LLC**

Certificate of Status	1
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Y. SULKER

SEP 21 2020

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Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YES MOTOR FINANCIAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEM SOUZA

Name of Person

MEDEIROS SOUZA

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO FL 32801

City/State and Zip Code

accountant@medeirossouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEM SOUZA

at (407) 437 2709

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

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

REC'D  
FLORIDA DEPT OF STATE  
DIV OF CORPORATIONS  
20 SEP 18 AM 11:12

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES MOTOR FINANCIAL 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 Company were filed on 12/18/2019 and assigned  
Florida document number L20000000495

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: MEDEIROS SOUZA CORP

New Registered Office Address: 845 N GARLAND AVE, SUITE 100

*Enter Florida street address*

ORLANDO

Florida 32801

*City*

*Zip 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.*

*[Signature]*  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	CURY FERNANDO		<input type="checkbox"/> Add
		15095 PURPLE MARTIN ST	<input checked="" type="checkbox"/> Remove
		WINTER GARDEN FL 34787	<input type="checkbox"/> Change
MGR	MENDES FILHO ANTONIO		<input type="checkbox"/> Add
		837 RUNNER OAK ST KISSIMMEE FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IATAURO LEANDRO	9182 HOLLISTON CREEK PL	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GOMES IATAURO ANA PAULA	9182 HOLLISTON CREEK PL	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be on or after \_\_\_\_\_)

(If an effective date is listed, this date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
 Note: If the date inverted in this block does not meet the applicable deadline, the applicant must file a request for extension of time.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 14<sup>TH</sup> / 2020

Signature of a member or authorized representative of a member

RUBEM SOUZA - AUTHORIZED REPRESENTATIVE

Typed or printed name of signee