# L20000278858

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TALLAHASSEE, FL

IMPORTADORA CAMARILLO MOTORS LLC SUBJECT: 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: MARIA DE LA TORRE Name of Person IMPORTADORA CAMARILLO MOTORS LLC Firm/Company 701 NW 141 AVE APT 207 Address PEMBROKE PINES FL 33028 City/State and Zip Code CAMARILLOCHIQUI@GMAILCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA DE LA TORRE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

## IMPORTADORA CAMARILLO MOTORS 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 08/25/2020 and assigned Florida document number 1.20000278858 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FINANCIAL SERVICES DLT LLC 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:

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
77P	GIAN CARLO SOSA	701 NW 141 AVE APT 207	□ Add
		PEMBROKE PINES FL 33028	ĀRemove
			Change
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). If amending any of	her information, enter c	:hange(s) here: <i>(</i>	Attach additional s	sheets, if necessary.,	)
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(If an effective date is list Note: If the date inse	her than the date of filinged, the date must be specific an erted in this block does not a date on the Department of 3	d cannot be prior to domest the applicable	ate of filing or more the e statutory filing requ	(optional) an 90 days after filing.) l uirements, this date w	Pursuant to 605,0207 ( fill not be listed as t
f the record specifies a decord is filed.	elayed effective date, but no	t an effective time,	at 12:01 a.m. on the	e earlier of: (b) The	90th day after the
Dated OCTOBER 2	4	, <u>2022</u>			
	Signature of a	member of authorize	d representative of a r	nember	<del></del>
<del></del>	Maria	Typed or printed no	L TOPRO	)	