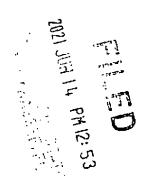
## L21000244375

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Ancind Klinch Ché labbe

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/14/2021		**WALK IN**
ENTITY NAME BUDDY	NVESTMENTS LLC	<u></u>
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	• • • •
xxxx	Plain Copy	erverk we
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	17 110
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT		<del></del>
TOTAL OWED \$25.00	ACCOUNT #: I2016000007	 2 :
Please call Tina at the	c above number for any issues or concerns. Thank you so	n much!

## **COVER LETTER**

FO: Registration Se Division of Cor				
	estments LLC			
SUBJECT:		nted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		٠.
Please return all correspo	ondence concerning this matter	to the following:		
	Kelsey Połasek			
		Name of Person		
	ZenBusiness INC			
		Firm/Company		
	5511 Parkerest Drive STE	207		
		Address		
	Austin, Texas, 78731			
		City/State and Zip Code		•
	fulfillment@zenbusiness.co			
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Kelsey Polasek c/o Zenl	Business INC	844 493-6249		
Name o	î Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1	U	
ARTICLES OF C	ORGANIZATION	
C	)F	
Buddy Investments LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	1s.)
		£ 6
The Articles of Organization for this Limited Liability Company	were filed on 5/26/2021	and ussigned of
Florida document number L21000246375		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Auto Remarketing Partners LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	136 4th Street N. Suite 218	•
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33701	
(Frincipal office analess MOST DE A STREET ADDRESS)		
	-	2.65 - 16.60
	136 4th Street N. Suite 218	
Enter new mailing address, if applicable:	St. Petersburg, FL 33701	
(Mailing address MAY BE A POST OFFICE BOX)	5t. retersburg, rt. 55701	
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
agent and or the new registered office address nere.		
At the second of the second		
Name of New Registered Agent:		
New Registered Office Address:	****	
	Enter Florida street addres	44
	,FI	lorida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Cha	nging Registered Agent, Signature o	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
AMBR	Steven Andrew Abdoo JR	509 39th Ave N St. Petersburg, FL 33703	
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ffective date, if other than the	ne date of filing:	op (op	tional) For filing \ Pursuant to 605 021
an effective date is fisted, the date in	block does not meet the applicable		
	Department of State's records.		
ocument's effective date on the	•		2
ocument's effective date on the record specifies a delayed effect	Department of State's records.	at 12:01 a.m. on the earlier of:	the 90th day after the
ocument's effective date on the record specifies a delayed effect	•	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
record specifies a delayed effect is filed.	ive date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
record specifies a delayed effect is filed.	•	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
record specifies a delayed effect is filed.  June 14	ive date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
record specifies a delayed effect is filed.	ive date, but not an effective time, 2021  w Abdoo JR		·
ocument's effective date on the record specifies a delayed effect listified.  June 14	ive date, but not an effective time,		(b) The 90th day after the