

L21 000340 470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

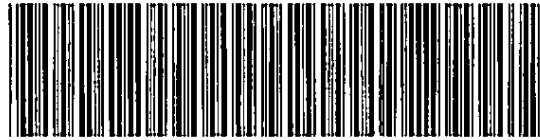
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2022 MAR -4 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMECARS COLLECTION 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:

LEONARDO LUCAS

Name of Person

Firm/Company

6330 N. ANDREWS AVENUE #102

Address

POMPANO BEACH, FL 33309

City/State and Zip Code

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

For further information concerning this matter, please call:

LEONARDO LUCAS

954

534-0650

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAR -4 AM 9:50

PRIMECARS COLLECTION LLC

SECRETARY OF STATE
TALLAHASSEE, FL 32399

(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 07/27/2021 and assigned
Florida document number L21000340470.

This amendment is submitted to amend the following:

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

ACCESS FINANCIALS 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:

4035 W. MCNAB RD SUITE F312

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

6330 N. ANDREWS AVENUE #102

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH, FL 33309

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:

LEONARDO LUCAS

New Registered Office Address:

6330 N. ANDREWS AVENUE #102

Enter Florida street address

POMPANO BEACH

Florida

33309

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.


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	LEONARDO LUCAS	6330 N. ANDREWS AVENUE #102	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUCAS, LEONARDO S	6330 N. ANDREWS AVENUE #102	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAGUERRE, RUBENS	6330 N. ANDREWS AVENUE #102	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the 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 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 26 2022

Signature of a member or authorized representative of a member

LEONARDO LUCAS

Typed or printed name of signee

Filing Fee: \$25.00