LAZARUS CORPORATE

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_

2022 NOV 29 AM II: I

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO WORLD FINANCIAL USA LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTO WORLD FINANCIAL USA	NUC			129	
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(.vame of the fam.)	(A Florida Limite	pany as it now appears on our d Liability Company)	r records.)		
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The Articles of Organization for this Limited L	iability Compa	ny were filed on 04/29/20	22	and ass	igned
Florida document number L22000203747	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	f the limited li	ability company here:			
n/a					
The new name must be distinguishable and contain the	words "Limited Lia	ibility Company," the designati	ion "LLC" or the a	abbreviation "L."	ſC."
Enter new principal offices address, if appli	aabla.	n/a			
				· ·	
<u> Principal office address MUST BE A STREI</u>	<u>ET ADDRESS)</u>			<del>-</del>	
Enter new mailing address, if applicable:		n/a			
Mailing address MAY BE A POST OFFICE	ROX)				
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				<u>.                                      </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records	s, <u>enter the na</u>	me of the nev	v registered
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
2.57 X10 X101 4 3 5 22 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Enier Florida stre	eet address		
			, Florida		
		City	, 1 10/1104 _	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA J. SAMPAYO	7380 NW 54TH ST	□Add
		MIAMI, FL 33166	<b>√</b> Remove
			Change
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ument's effective date on	he Department o	of State's record	ds.			
cord specifies a delayed ef	ective date, but	not an effective	time, at 12:01	a.m. on the earl	er of: (b) The 90	Oth day after the
filed.						
NOVEMBER 29		2022				
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