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COVER LETTER

TO: **Registration Section Division of Corporations** TCSG FINANCIAL SERVICES, LLC SURJECT: __ 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: CARLOS BORREGALES Name of Person CAR SPOT SERVICING Firm/Company 7791 NW 46 ST, SUITE 322. Address MIAMI FLORIDA 33166 City/State and Zip Code ADMIN@CARSPOTFINANCIAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS BORREGALES 786 8321527 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

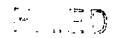
Mailing Address:

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



TCSG FINANCIAL SERVICES, LLC		2023 JUH 15 AM 7: 38
(Name of the Limited Liability Company (A Florida Limited Lia		77 LL. 1 302, FU
The Articles of Organization for this Limited Liability Company w	vere filed on 05/24/2023	and assigned
Florida document number L23000255051		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	performance of my duties, and I vovided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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>	Address	Type of Action
AMBR	DANIEL GORRIN	7791 NW 46 ST SUITE 322 DORAL FL 33166	□Add
			Remove
			□Change
			🗆 Add
		Remove	
			□Change
		□Add	
			Remove
		 	□Change
		□Add	
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			□ Change

Effective date, if other than the date of filing: 06/01/2023		•
(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 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. 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 ord is filed. Dated Signature of member or authorized representative of a member		
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CARLOS BORREGALES		Signature of a member or authorized representative of a member
		CARLOS BORREGALES

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