

M110000004115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

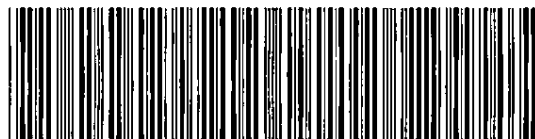
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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10/23/23 -- 01005 -- 001 -- \$23.00

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TALLAHASSEE, FLORIDA



(P): 602.852.6736  
(F): 602.852.6632  
15001 Trinity Blvd.  
Fort Worth, TX 76155

October 20, 2023

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street  
Suite 810  
Tallahassee, FL 32303

**Re: CarFi – Amendment to Certificate of Authority to Transact Business in FL – M11000004115**

To whom it may concern,

Please find enclosed the following documents to complete our amendment request:

- Completed amendment to certificate of authority to transact business in FL for CarFi, LLC to GoFi, LLC
- State of Arizona Certificate of Good Standing within the past 90 days.
- Check # 000047 for \$25.00

We look forward to our continued business relationship with your organization. Should you have any further questions or concerns, please contact us using the information below.

Sincerely,

*Brian Dinsmore*

Brian Dinsmore, *Licensing Specialist*  
1720 W. Rio Salado Parkway  
Tempe, AZ 85281  
Ph: (602) 852-6736  
Fax: (602) 852-6632  
[gofilicensing@go-fi.com](mailto:gofilicensing@go-fi.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CarFi, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Licensing Team

Name of Person

GoFi, LLC

Firm/Company

1720 W. Rio Salado Parkway

Address

Tempe, AZ 85281

City/State and Zip Code

gofilicensing@go-fi.com

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

For further information concerning this matter, please call:

Licensing Team

Name of Person

at ( 602 ) 852-6736

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CarFi, LLC

Enter new principal office 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)

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2. The Florida document number of this limited liability company is: M11000004115

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 8/16/2011

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: GoFi, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

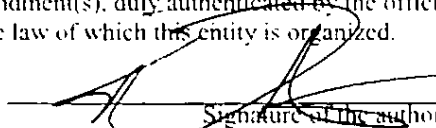
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Clay Scheitzach

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**GOFI, LLC**

ACC file number: L16920530

was incorporated under the laws of the State of Arizona on 07/08/2011, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 10/19/2021



A handwritten signature in black ink, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director