

M22 0000 10162

(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



500423094895

RECEIVED

2024 FEB 20 PM 3:18

2024

FEB 15

A. HUAT

02/16/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 02/20/24
Order #: 1423670-1
Re: AUTORETURN US, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

auth:

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'auth:'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTORETURN US, 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:

Name of Person
AUTORETURN US, LLC
Firm/Company
9940 W. SAHARA AVE., SUITE 215
Address
LAS VEGAS, NV, 89117
City/State and Zip Code

ACCOUNTING@AUTURA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () 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: AUTORETURN US, LLC

Enter new principal office address, if applicable: 440 N Barranca Ave. #6769

(Principal office address

MUST BE A STREET ADDRESS)

Covina Ca 91723

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

440 N Barranca Ave. #6769

Covina Ca 91723

2. The Florida document number of this limited liability company is: M22000010162

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

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

5. New name of the limited liability company: CFKAA Holding 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: CORPORATION SERVICE COMPANY

New Registered Office Address: 1201 HAYS STREET, TALLAHASSEE FL 32301

Enter Florida Street Address

TALLAHASSEE

City

Florida

Zip Code

32301

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.



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)(e), 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
_____	_____	_____	<input type="checkbox"/> Remove

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.

Raymond Krouse
Signature of the authorized representative

Raymond Krouse

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AUTORETURN US, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CFKAA HOLDINGS, LLC" ON THE SECOND DAY OF OCTOBER, A.D. 2023, AT 4:09 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILE
OCT 19 2023
4:10:16




Jeffrey W. Bullock, Secretary of State

6129937 8320
SR# 20240563511

Authentication: 202835836
Date: 02-19-24

You may verify this certificate online at corp.delaware.gov/authver.shtml