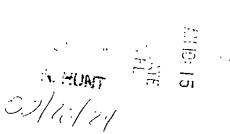
M22000010162

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State) Liph Holle Hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500423094895



CSC - Tallahassee CSC 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:

12000000195

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:			Section Corporations						
SUBJ	ECT:	AUTO	RETURN US, LLC	of Foreign	Limited Liat	aility Co	with the state of		
			rame (n i oreign	Ennica Elac	mity Co	лирану		
Dear !	Sir or N	Aadam:							
The e	nclosec	l applic	ation, certificate ai	ıd fee(s) ar	e submitted	for filing	g.		
Please	e return	all cor	respondence conce	erning this	matter to the	followi	ng:		
			Name of Perso		<u></u>	_			
AUTO	RETU	RN US,	LLC						
			Firm/Company	,		_		• . ,	-
9940	W. SAH	IARA A	VE SUITE 215					715.1 M	
			Address			-			
LAS V	/EGAS	, NV, 89	3117						
			City/State and	Zip Code		_			
ACCC	NITNUC	IG@AU	TURA.COM						
E-n	nail add	dress: (1	o be used for futur	e annual re	eport notifica	ition)			
For fu	rther in	nformat	ion concerning this	s matter, pl	lease call:				
				า	t ()			
	_	Nan	ne of Person	u	\	& Dayı	time Telephor	ne Number	
	Regi Divis P.O.	sion of Box 63	Section Corporations			Division The Co 2415 N	address: ration Section on of Corpora entre of Talla J. Monroe Str assee, FL 323	itions hassee reet, Suite 81	0
□\$25	Enck Filing		a check for the fo \$30 Filing Fee Certificate of	: &	nount:] \$55 Filing Certified C			ng Fee, cate of Status tified Copy	&

TO:

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 Compa	• • • • • • • • • • • • • • • • • • • •	s on the records o	of the Florida Dep	partment of	
State: AUTORETURN US, LLC					
Enter new principal office address, i	f applicable:	440 N Barranca	a Ave. #6769 ———		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		Covina Ca 917	<u> </u>		
Enter new mailing address, if applic	able:	440 N Barranca			
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		Covina Ca 917	23		
					-7 4
2. The Florida document number of	this limited lia	bility company is	M2200001016	62	
	and mind in	omy vompany io			•
3. Jurisdiction of its organization: _					
3. Jurisdiction of its organization: _4. Date authorized to do business in SECTION II (5-9 complete only the second control of the second	Florida:			: "": [:	<u> </u>
SECTION II (5-9 complete only the	re applicable (changes)			OT .
5. New name of the limited liability	company: C	FKAA Holding LL	.C		
	(mus	t contain "Limited	l Liability Comp	any, " "L.L.C.," o	r "LLC.")
(If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Con	name adopted anagers or mai npany," "L.L.(for the purpose on the purpose of th	of transacting bus adopting the alter	siness in Florida armate name. The al	nd attach a lternate name
6. If amending the registered agent a registered agent and/or the new regis	nd/or registero	ed officer address ddress here:	on our records, g	enter the name of	the new
Name of New Registered Agent: C	ORPORATIO	N SERVICE CO	MPANY	• • •	
ew Registered Office Address: 1201 HAYS STREET, TALLAHASSEE FL 32301					
	TAI	LAHASSEE	Enter Florida S		
		LAMASSEE Cit	<u></u>	_, Florida <u>32301</u> 	 Code
New Registered Agent's Signature, if hereby accept the appointment as the provisions of all statutes relative and accept the obligations of my post document is being filed to merely refliability company has been notified in	egistered ager to the proper ition as registe lect a change	nt and agree to ac and complete per ered agent as pro in the registered (formance of my o vided for in Chaj	duties, and I am fa pter 605, F.S. Or,	imiliar with if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	Name	Address	Type of Action	
			□Add	
			П Кетю	
			□Add	
			🗆 Remo	
			∵: :: ^ □Add	
			.: □Remo	
			□Remo	
			□Add	
aforementioned am-	cate, if required: no more than 90 day endment(s), duly authenticated by the ne law of which this entity is organize	official having custody of reco	□Remo	
	Rayna Ca Signature of the	authorized representative		

Filing Fee: \$25.00

Page 1

<u>Delaware</u>

The First State

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.

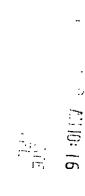
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

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.





Authentication: 202835836 Date: 02-19-24

6129937 8320 SR# 20240563511