P0900032709

(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: USAUTOLENDIN	KG CORP	
DOCUMENT NUMBI	ER:		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
٨٠	LAN FISKE		
_	<u>.</u>	Name of Contact Person	n
l.	SAUTOLENDING CORP		
		Firm/ Company	
1	000 S. PINE ISLAND ROA	.D	
_		Address	
P	LANTATION, FL 33324		
_		City/ State and Zip Cod	e e
LICAL	PALEMINING ZVOLIMI (20	***	
08/0	FOLENDING@GMAIL.CC		
	n-mail address: (to be as	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
PATRICIA GARRABE	RANT	at (212-5457
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amenc Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

USAUTOLENDING C	נו,	Kľ	٠.
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(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P09000032709	
(De	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Fl its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	ne corporation:
	Thenew
	word "corporation," "company," or "incorporated" or the abbreviation [Orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address in Florida, enter the name of the
Name of New Registered Agent	To the second se
	(Florida street address)
New Registered Office Address:	, Florida
in heginer in ogne i moren.	(City) Will Code 17 CRAT 2: 0 RAT 2: 3:
New Registered Agent's Signature, if changing	, et al. and a second a second and a second a second and a second a second and a second and a second and a se
	nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>6.1.</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	PATRICIA GARRABRANT	1000 S. PINE ISLAND ROAD,
XAdd			SUITE 440
Remove			PLANTATION, FL 33324
2) Change			
Add			
Remove			
3) Change			
Add			-
Remove			P 3550
4) Change			± 2 <u>π</u>
Add			2: 30
Remove			
5) Change			-
Add			
Remove			
6) Change		-	
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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	<u> </u>
	- C: >
	AUG 26
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	77-6 0 1
(if not applicable, indicate N/A)	3
	2: 30 TATE ORIDA
	, 3 0
	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
087	21/2019	
Effective date <u>if applicable</u> :	tno more than 90 days after amendment f	ile date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requespartment of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for afficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The presence of the shareholders through voting group entitled to vote separately on the analysis.	
	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action an	d shareholder
08/21/201 Dated)	
Signature G	Clan Fish	
(By a selecte	director, president or other officer – if directors or office ed, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	rs have not been
	ALAN FISKE	
	(Typed or printed name of person signing)	20
	PRESIDENT/DIRECTOR	19 AL
	(Title of person signing)	173388 16 98 98
		ED PRINTE