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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: BUDGET AUTO FINANCING COLP. DOCUMENT NUMBER: P23000061546
DOCUMENT NUMBER: <u>P2300061546</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johana Pineros. Arecalo Name of Contact Person Bucket At Financing Corp Firm/ Company
Firm/ Company
1802 NW 50-th Ale Bay 2 Address
Hialeah Gaidens FL 33016 City/ State and Zip Code
E-mail'address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

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100get 17070 tinano	Filed with the Florida Dept. of State)
P 230000 61846	r filed with the Fiorida Dept. 01 State)
	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	9802 NIW 80th Ave By 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialeah Gardons FL: 33016
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9802 NW soth Air Bay 2
	9802 NW 60 The Bay 2 Healesh Gardens Fl 33016
D. <u>If amending the registered agent and/or registered office addr</u> new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	
New Registered Office Address:	, Florida City)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	gistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>PT</u>	John Doe	
X Remove	<u>V</u>	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) X Change	PT	Javier M. Tolles	Moranjo
Add			10755 NW 50 st #201
Remove	VP	Johana Pineros Am	Doral FC 33178.
2) <u>X</u> Change Add	<u> </u>	_ JONATA TIMEROS ATT	10755 NW 50 st #201
Remove 3) Change			Doral Fl 33178.
Add			
Remove			12. 52
4) Change			- N
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	•
(if not applicable, indicate N/A)	
NIA	

The date of each amendment(s) adoption: date this document was signed.	11-06-2023	, if other than the
Effective date <u>if applicable</u> :	11 - 06 - 7023 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department o	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s) (CE	HECK ONE)	
☑ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendmen approval.	nt(s)
	ne shareholders through voting groups. The following states group entitled to vote separately on the amendment(s):	rnent
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by		
(v _O	ting group)	
Dated 11 + 06 -	2023.	
Signature		ភូ
(By,á director, pres	ident or other officer – if directors or officers have not beer orporator – if in the hands of a receiver, trustee, or other coy by that fiduciary)	urt = = = = = = = = = = = = = = = = = = =
Joha	na Pineros Arevalo (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<u></u>
Vic	e Dresident	22
	(Title of person signing)	