

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : 120010000121 : (305)758~9001 Phone

: (305)758-0506 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILES AUTO SALES, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

C. LEWIS

JUN 1 8 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/16/2010

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Jun 16 2010 6:06PM

COVER LETTER

T O :	Registration S Division of Co				
SUAJE	CT:	Miles A	uto Sales, LLC		
			ted Liability Company		
The end	losed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please r	etum all corresp	ondence concerning this matter	to the following:		
			Roselyn Sata		
			Name of Person		
	Dealer Consulting Services Inc.				
		Firm/Company			
	7537 NW 7th Ave				
			Address		
			Miami, FI 33150		
		***	City/State and Zip Code		
		Ro	selyn@dcsmiami.com	····-	
or flurt	her information (E-mail address: () concerning this matter, please of	o be used for future annual report notification)		
	R	oselyn Sata	at (305) 758-900	1 Ext 20	
	Mame (of Person	Area Code & Daytime Teleph	one Number	
Enclose	ed is a check for t	he following amount:			
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Clifton Tallahassee, FL 32301		

1.

TQ:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 JUN 17 AM 18 48

Milas Autr	Sales, LLC	SEC	RETARY OF STATE AHASSEE, FLORID
(Name of the Limited Liability Com (A Florida Limited	pany as it now appear Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Compar			and assigned
Florida document number L09000009282	ny were fried on	3 N L S / L O G G	and assignou
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	re:	
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Comp	sany," the designation "l	LLC" or the abbreviatio
Enter new principal offices 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)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the nev
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	E	nter Florida street ada	iress
		, Florida City Zip Code	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	-4-		

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accept the obligations of my position as registered agent as provided for in Chapter 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRM	Francisco Javier Fe	7340 NW 114 Ave Apt 10 Doral, FL 33178)2
			Add Remove
			Add Remove
 ,			Add Remove
			AddRemove
			AddRemove
D. If am	ending any other information,	, enter change(s) here: (Attach additional shee	ts, if necessary.)
•		complete name should be ex Yzaguirre. Whole name would not fit	on top
•			TALUAHASSEE.
Dated	June 16th		OF STATE
	Francisco Sc	re of a member or authorized representative of a member of authorized representative of a member of signed. Typed or printed name of signed.	

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Filing Fee: \$25.00