Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000246203 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)675~5944

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

| CUMPTT | Audress | ٠_ |
|--------|---------|----|
| i Ci   |         |    |
| , ~··· |         |    |
| · ~    |         |    |

 $\mathbb{R}^{12}$  LLC AMND/RESTATE/CORRECT OR M/MG RESIG DEAN MOTORS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

OCT 2 2 2014

Electronic Filing Menu

Corporate Filing Menu T. HAMPTON Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEAN MOTORS, LLC., A Florida limited liability company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 13, 2014 Florida document number L14000159945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company bere: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office 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: New Registered Office Address: Enter Florida street address Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| MGR = Manager AMBR = Authorized Member |                              |                                 |                            |  |
|--|------------------------------|---------------------------------|----------------------------|--|
| <u> [itle</u>                          | <u>Name</u>                  | Address                         | Type of Action             |  |
| MGR                                    | Jo <u>se Luis Altamirano</u> | 232 Andalusia Avenue, Suite 202 | Add                        |  |
|  | Quintero                     | Coral Gables, FL 33134          | [] Remove                  |  |
|  |                              |                                 | □ Add                      |  |
|  |                              |                                 | ☐ Remove                   |  |
|  |                              |                                 | □ Add                      |  |
|  |                              |                                 | Remove                     |  |
|  |                              |                                 |                            |  |
|  |                              |                                 | Remove<br>14 OCT<br>TALLAR |  |
|  |                              |                                 |                            |  |
|  |                              | •                               | AM 51: 48 SEE TLORID       |  |
| <del></del>                            |                              |                                 | D Add                      |  |
|  |                              |                                 | Remove                     |  |

| If amend     | ling any other information, enter change(s) here: (Attach additional shee   | ts, if necessary.)             |
|--------------|---|--------------------------------|
|              |   |                                |
|              |   |                                |
|              |   |                                |
| _            |   |                                |
| _            |   |                                |
| (The effecti | e date, if other than the date of filing:  ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more the his document is filed by the Florida Department of State) | (optional)<br>an 90 days after |
| Dated _      | October 17 2014   |                                |
|              | Can Hi  |                                |
|              | Signature of a member or authorized representative of a mem   | ber                            |
|              | Nora Galego   |                                |
|              | Typed or printed name of signee   |                                |

Page 3 of 3

Filing Fee: \$25.00

14 OCT 21 AM 7: 48
SECRETARY OF STATE
TAIL AHASSEE, FLORID