

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000275219

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(((H22000268587 3)))



H220002685873ABC7

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : DEALER CONSULTING SERVICES, INC.
 Account Number : I20010000121
 Phone : (305)758-9001
 Fax Number : (786)410-6035

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

Email Address: CORPORATIONS@DCS-NETWORK.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ALPHA AUTOMOTIVE GROUP LLC**

Certificate of Status	0
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Page Count	01
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2022 AUG 22 AM 10:10
 SECRETARY OF STATE
 MAIL ASSISSTANT
 TALLAHASSEE, FL 32399
 APPROVED
 AND
 FILED

2022 Aug 22 12:23

COVER LETTER

(((H22000268587 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ALPHA AUTOMOTIVE GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIBI HURTADO

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 33150

City/State and Zip Code

CORPORATIONS@DCS-NETWORK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIBI HURTADO

305 758-9001

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DocuSign Envelope ID: 9E6948DB-D61F-4962-8197-9E296C28EBA8

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H22000268587 3)))

ALPHA AUTOMOTIVE GROUP LLC

(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 06/16/2022 and assigned Florida document number L22000275219.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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

City

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AND
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SECRETARY OF STATE
TALLAHASSEE, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JAIME LOPEZ	25 NE FIFTH ST APT 5122	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAIME JOSE LOPEZ	7525 E TREASURE DR UNIT 301	<input type="checkbox"/> Add
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Frank A. Gallardo Araujo	245 NE 183RD ST, APT 6B	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDGAR H. VEGA	396 NE 212TH TER	<input type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SAMUEL E. ALVAREZ	1480 NW NORTH RIVER DR APT 2012	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[Lined area for amending information]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 28TH, 2022

DocuSigned by:
[Signature]
6507323FF81E43C

Signature of a member or authorized representative of a member

EDGAR H VEGA

Typed or printed name of signee

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