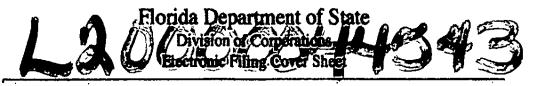
Division of Corporations



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.

(((H20000060988 3)))



H200000080883ABC0

Note: DO N	OT hit the REFRESH/RELOAD button on Doing so will generate another cov	· · · · · · · · · · · · · · · · · · ·	70701 50
To:			L 2 2 3
	Division of Corporations		_
	Pax Number : (850)617-6383	11 i	=
Promi			17. 17.
	Account Name : DEALER CONSULTIN	G SERVICES, INC. 😕 🔄	τ
	Account Number : I20010000121	$\overline{n}$	-\$
	Phone : (305)758-9001		
	Fax Number : (786)410-6035		
annual	email address for this business ent report mailings. Enter only one email		
	AMND/RESTATE/CORRECT O	R M/MG RESIGN	_

## 1 STOP AUTO SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

_	SIN	ANA	$\cap$	N٤
()	211	ALIAI	$\mathbf{\mathcal{I}}$	

FEB 26 2020

2020 FED 25 FN 4:51

Electronic Filing Menu

Corporate Filing Menu

Help

Docusign Envelope ID: 5AF18865-A470-425D-860F-E2710242E7C6 COVER LETTER

H200000609893 TO: Registration Section Division of Corporations I STOP AUTO SALES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Yesenia Alvez Name of Person Dealer Consulting Services, Inc. Firm/Company 7537 NW 7th Ave Address Miami / Florida 33150 City/State and Zip Code Corporation@dcs-network.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yesenia Alvez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fcc, ☐ \$55.00 Filing Fee & ☐ \$30,00 Filing Fee & ■ \$25.00 Filling Fee Certificate of Status & Certificate of Status Certified Copy

Malling 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

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

DocuSign Envelope ID: 5AF18665-A470-425D-B80F-E2710242E7C6
ARTICLES OF AMENDMENT

## TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

H20000609883

## ARTICLES OF ORGANIZATION OF 1 STOP AUTO SALES LLC (None of the United Liability Company of it new appears on our records)

The Articles of Organization for this Limited Liabil Florida document number <u>L20000044543</u>	lty Company	were filed on 02/14/2020	and assigned	
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	e limited liab	ility company here:	2020 FB 3ECR 3AL	:
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	<b>2</b> :	5058 NW 74th Ave	25	1
(Principal office address MUST BE A STREET A		Miami FL, 33166	7/2 PA	i i 
			PM 12: 44	
Enter new mailing address, if applicable:		5058 NW 74th Ave	1.1	
(Mailing address MAY BE A POST OFFICE BO)	<u>xa</u>	Miami FL, 33166		
B. If amending the registered agent and/or registered affice address h		address on our records,	enter the name of the new registere	ģ
Name of New Registered Agent:	Enmanuel Erre	esto Fuentes		
New Registered Office Address:	5058 NW 74th	Avc		
THE PASSAGE AS ASSESSED THE PASSAGE.		Enter Florida street	address	
1	Miami		, Florida <sup>33   66</sup>	
•		City	Ztp Codu	

## 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 filled 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

Docusing Envelops ID: 5AF18865-A470-425D-860F-E2710242E7C6
II directioning Additionable records:

H 200000 609883

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Enmanuel Emesto Fuentes	7020 W 35 Ave Apt 120	
		Hialeah, FL 33018	□ Ramove
			———— ≅ Change
MGR	Elier Ramos	7000 W 14 CT	
		Hialeah, FL 33014	CRemove
			<b>SChange</b> 202
MGR	Kayla Juliet Vale	8231 NW 5th Lane Apt 271	1020 FEB
		Mlami, FL 33126	□Remove
			PH 12#
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			□ Change

	<del></del>			
	<u>.</u>		<u> </u>	<u></u>
				2020   S   C    I'A
	<del></del>	· <del></del>		<u>∵ :</u> ~
				88 P
				PM12:
			· · · · · · · · · · · · · · · · · · ·	4 +
				·
				· · · · · · · · · · · · · · · · · · ·
	··			· · · · · · · · · · · · · · · · · · ·
fective date, if other than the date of	filing:		(option:	u)
I an effective date is listed, the date must be specif Note: If the date inserted in this block does	not meet the applica	to date of filing or more tible statutory filing (	e than 90 days after fill requirements, this d	ng.) Pursuant to 603.0207 ( ate will not be listed as t
locument's effective date on the Departmen	t of State's records.			
record specifies a delayed effective date, bu	d not an effective ti	ne at 12:0 Ia.m. on	the earlier of: (b)	The 90th day after the
d is filed.			4.0 -2	•
February 20	2020			
Dated	Docuil lands	<del></del> ·		
		2		
		<del></del> -		
Signature	of a member of all the	representative o	a member	<del></del>