

L10000107925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

DEC 17 2021



900377457689

12/06/21--01025--026 \*\*60.00

RECEIVED  
2021 DEC -5 PM 12:35  
OFFICE OF STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DHT SALES CONSULTING, 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:

MELISSA THOMPSON MAY

Name of Person

NORTH FLORIDA AUTO BROKERS, LLC.

Firm/Company

2760 AVALON BLVD

Address

MILTON, FL 32583

City/State and Zip Code

henry\_tice@yahoo.com

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

For further information concerning this matter, please call:

HENRY C TICE

Name of Person

850

at ( )

Area Code

208-4964

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DHT SALES CONSULTING, 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 OCTOBER 15, 2010 and assigned  
Florida document number 110000107925.

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)**

JOSHUA C TICE

2760 AVALON BLVD

MILTON, FL 32583

**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:

JOSHUA C TICE

New Registered Office Address:

2760 AVALON BLVD

*Enter Florida street address*

MILTON

Florida

*City*

**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

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

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HENRY C TICE	2760 AVALON BLVD	<input type="checkbox"/> Add
		MILTON, FL 32583	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HENRY C TICE	2760 AVALON BLVD	<input type="checkbox"/> Add
		MILTON, FL 32583	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA C TICE	2760 AVALON BLVD	<input checked="" type="checkbox"/> Add
		MILTON, FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSHUA C TICE	2760 AVALON BLVD	<input type="checkbox"/> Add
		MILTON, FL 32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

JOSHUA C TICE

Typed or printed name of signee

**Filing Fee: \$25.00**