

Division of Corporations Electronic Filing Cover Sheet

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(((H110001380083)))



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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

: (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.

Emmil Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIGO ENTERPRISES LLC

Certificate of Status	0
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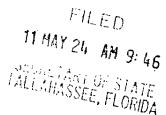
Help

5/23/2011

COVER LETTER

TO:	Registration Division of C				
SUBJE					
			interprises LLC fied Liability Company		
The en	closed Articles o	of Amendment and fec(s) are su	bmitted for filing.		
Please	return all corres	pondence concerning this matter	r to the following:		
		Michelle Camargo			
			Name of Person		
Dealer Consulting Services					
			Firm/Company		
75:			7537 NW 7th Ave		
	Address				
	Minmi Florido 22450				
	Miami, Florida 33150 City/State and Zip Code				
		<u>mi</u>	chelie@dosmiami.com to be used for future annual report not		
For fur	ther information	E-mail address: (concerning this matter, please (•	iffication)	
		_			
	Name	Michelle of Person	et (305) Area Code & Dayti	758-9001 me Telephone Number	
Enclose	ed is a check for	the following amount:			
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S\$55,00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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		stration Section Ion of Corporations Box 6327	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	or a tions Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GIGO Ente	rprises LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	3/31/2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>'e</u> ;		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	my," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	·			
Enter new mailing address, if applicable:	3750 NW 28	Street Unit #419		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FI 33	42		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on o	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:		ter Florida street add	ug56	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		-	
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	plete performance provided for in C	of my duties, and I a hapter 608, F.S. Or,	m familiar with and if this document is	

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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:

MGRM = Managing Member Title Name <u>Address</u> Type of Action MGR Alberto Jose Toyar Villamizar □ Add 7210 NW 114TH AVE APT 107 **DORAL EL 33178 US.** Remove Alberto Jose Tovar Villamizor MGRM 7210 NW 114TH AVE APT 107 ₽ Add Remoye DORAL FL 33178 LIS 🔲 Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(a) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member AGUICICA cuav Typed of printed name of signed

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Filing Fee: \$25.00

MGR = Manager