

L12000122339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

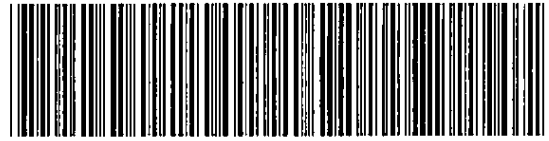
(Business Entity Name)

(Document Number)

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2023 APR -4 AM 10:02
STATE
FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMC MOTORS OF FLORIDA 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:

MIHAELA CURTU
Name of Person

DMC MOTORS OF FLORIDA LLC
Firm/Company

813 OAK SHADOWS RD
Address

CELEBRATION, FL 34747
City/State and Zip Code

micurtu@yahoo.com
E-mail address: (to be used for future annual report notification)

2023 APR -4 AM 10:02
STATE
TALLAHASSEE

For further information concerning this matter, please call:

MIHAELA CURTU at (407) 6074171
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

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

DMC MOTORS OF FLORIDA 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 09/13/2012 and assigned Florida document number L12000122339.

This amendment is submitted to amend the following:

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

NA

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)

SEARCHED	2023 APR -1	FILED
SERIALIZED	APR 10 2023	STATE OF FLORIDA

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 Zip Code

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	DORELIOAN CURTU	813 OAK SHADOWS RD, CELEBRATION, FL 3474	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		40%	<input checked="" type="checkbox"/> Change
MGR	MIHAELA IOANA CURTU	813 OAK SHADOWS RD, CELEBRATION, FL 3474	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		40%	<input checked="" type="checkbox"/> Change
AMBR	ROBERTO MICHAEL CURTU	813 OAK SHADOWS RD, CELEBRATION, FL 3474	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10%	<input checked="" type="checkbox"/> Change
AMBR	EDUARD NICHOLAS CURTU	813 OAK SHADOWS RD, CELEBRATION, FL 3474	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		10%	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA
 APR 10 2020
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