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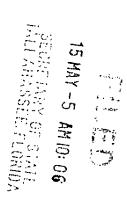
(Requ	iestor's Name)
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	ime)
(Docu	ıment Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

Division	of Corporations	
Artic	le III : Amend Purpose for Which this Limited Liability Company is Organized	
	Name of Limited Liability Company	
	•	
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	Damian Echauri Jr	
	Name of Person	
	D Auto Group LLC	
	Firm/Company	
	13901 SW 143rd Ct Unit # 8	
	Address	
	Miami, FL 33186	
	City/State and Zip Code dautogroup@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Damian Echauri J	at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fi	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on and assigned
This amendment is submitted to amend the following	ng:
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 AI	DDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the not address here:
	SS CA Prime
New Registered Office Address:	Enter Florida street address
_	Florida
— New Registered Agent's Signature, if changing Regis	City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
	•		☐ Remove
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			Add
			☐ Remove
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			Add
			□ Remove
			□ Chaman

	esale & Retail Clients, since Approximately March 2013.
Notes: Slowly little by litt	tle, we gave up on car sales and solely have dedicated ourselves to the collision repair
business. We even did no	ot renew our Florida Automobile Dealer's License in April 2014, because we were no
longer buying and selling	yehicles. Instead we were solely repairing cars for wholesale dealers, as well as a
separate dealer which has	s been family owned since 2009, under a separate business entity name. We just recently
noticed while filling our a	annual report for 2014, that we had not updated this with the state, and decided to do so
immediately in order to b	be in full compliance. We have had our MVR & MV license with both the state of Florida
and the county of Miami-	-Dade since beginning of 2013. Hopefully this can be corrected and show clearly, as
to what our company real	ly is. Thanks!
ctive date, if other than t	03/01/2013 the date of filing: (optional)
effective date is listed, the date	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6
effective date is listed, the date e: If the date inserted in this	the date of filing: (optional)
effective date is listed, the date e: If the date inserted in this	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 s block does not meet the applicable statutory filing requirements, this date will not be li
effective date is listed, the date e: If the date inserted in this ument's effective date on the record specifies a delay	the date of filing:
e: If the date inserted in this ument's effective date on the	the date of filing:
effective date is listed, the date e: If the date inserted in this ument's effective date on the record specifies a delay he 90th day after the r	the date of filing:
effective date is listed, the date e: If the date inserted in this ument's effective date on the record specifies a delay he 90th day after the r	the date of filing:
effective date is listed, the date e: If the date inserted in this ument's effective date on the record specifies a delay he 90th day after the r	the date of filing:

Page 3 of 3

Filing Fee: \$25.00