

#212000149768

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H15000154067 3)))



H150001540673ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

EFFECTIVE DATE  
6-25-2015

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DEALER CONSULTING SERVICES, INC  
Account Number : 120010000121  
Phone : (305) 758-9001  
Fax Number : (888) 501-2390

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 25 AM 8:48

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CORPORATIONS@DCSMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HAMMERHEAD MOTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 JUN 25 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JUN 26 2015

Electronic Filing Menu

Corporate Filing Menu

Help

EFFECTIVE DATE  
6-25-2015ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

HAMMERHEAD MOTORS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)FILED  
2015 JUN 25 AM 8:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/29/2012 and assigned  
Florida document number L12000149768.

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 end with 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)

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:

ASBEL PEREZ VICIEDO

New Registered Office Address:

Enter Florida street address:

City

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	JAMES WETHERINGTON	8310 BAMA LANE	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2006 JUN 25 AM 8:18  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY  
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

E. Effective date, if other than the date of filing: 6/25/15 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Asbel Perez Viciado

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 JUN 25 AM 8:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA