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.

(((H14000153085 3)))

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC

Account Number : I20010000121

Phone : (305)758-9001

Fax Number

: (305)758-0506

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE CAR LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T REMAIN 27 2014 11 #16:1/10/1/%231%20(DCS)%20DEALER%20LICENSING/%231%20ALL%20DEALER%20LICENCES/ONE%20CAR%20LLC/Sunbiz.page.htm

Fax: (888) 501-2390

To: 8508176383@rcfax.con Fax: +18506176383

(H140001530853)

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT: ONE	CAR LLC						
SUBJECT:		ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Janixa Ram	os					
		Name of Person					
	Dealer Consulting Services						
		Firm/Company					
	7537 NW 7t	h Ave					
Address							
	Miami, FL 3	3150					
	comparations@ds	City/State and Zip Code					
	Corporations@dcsmiami.com E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please c	all:					
Janixa Ram	108	_{a1(} 305, 758-90	001				
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for th	e 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: +18506176383

Page 6 of 8 06/26/2014 4:11 530853)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE CAR LLC			Ž.				
(Name of the Lim)	ted Linbility Compr (A Florida Limited)	ov as it now oppears on on Liability Cumpany)	r records.)				
The Articles of Organization for this Limited Liability Company were filed on 05/17/2013 Florida document number 113000072903 This amendment is submitted to amend the following:				and assigned			
				A. If amending name, enter the new name of	of the limited linh	ility company here:	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designa	tion "LLC" or t	he abbreviati	on "L.l.	.C."	
Enter new principal offices address, if applicable:		8311 NW 66TH :	ST				
(Principal office address MUST BE A STREE		MIAMI, FL 33166). ¿	;; ·			
		,	<u> </u>				
Enter new mailing address, if applicable:		8311 NW 66TH 8	ST (1. S.S.C.	153 153 CT	Procedure Company	
(Mailing address MAY BE A POST OFFICE	BOX)	MIAMI, FL 33166		1 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	P.::		
			3:		<u> </u>	700 7	
B. If amending the registered agent and registered agent and/or the new registered o			records, <u>ent</u>	er the na	.n	the nev	
Name of New Registered Agent:	CESAR BUSTAMANTE						
New Registered Office Address:	8311 NW 6				·		
	MIAMI	Emer Florida stre	:	00100			
	City	, Flörida	33166 Zip C	'ade			
New Registered Agent's Signature, if changing	Registered Amout	•	0.7%	ب برده	·		

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 pereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From: Sandra Perez

MGR = Manager

Fax: (888) 501-2390

To: 8508176383@rcfax.con Fax: +18506176383

Page 7 1 of 4 0000 1 5 30853)

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:

AMBR = Authorized Member <u>Title</u> Name Address Type of Action 8356 NW 68 STREET MGR DAVID JESUS SEQUIAS □ Add MIAMI, FL 33166 Remove 8311 NW 66TH ST **MGR DAVID JESUS SEGUIAS SIFONTES** MIAMI, FL 33166 ☐ Remove ☐ Remove _□ Add □ Remove DbA 🖾 □ Remove

Sandra Perez	Fax: (888) 501-2390	To: 8506176383@rcfax.con Fax: +1850617	Page 8 of 81 06/26/2014 4:11 3	0853
D. If amen	ding any other inform	ntion, enter change(s) here: (Attach additio	onal sheets, if necessary.)	•
			;	

			<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	
(The effect the date t	his document is tiled by the F	not be prior to date of receipt or filed date and cannot	(optional) se more than 90 days after	
Dated ^L	June 9th	2014	· :	
_			e de la companya de l	
		Signature of a member of authorized representative	of a member	
	DAVID JESU	JS SEGUIAS SIFONTES	<u>.</u>	
		Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00