# 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.

(((H13000166122 3)))



H130001881223ABCW

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

JUL'2 9 2013

L. SELLERS

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (305)759-0306

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

Email Address:

JUL 26 AM II: OS

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VOSSEN LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

RECEIVED

13 JUL 26 RM 1: 29

SECRETARY OF STATE
TALL AHASSEF, FLORE

Help

H13000166122 3

TQ:

Registration Section
Division of Corporations

SUBJECT:

VOSSEN LLÇ

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Diana Burgos

Name of Person

**Dealer Consulting Services** 

Firm/Company

7537 NW 7th Avenue

Address

Miami, FL 33150

City/State and Zip Code

corporations@dcsmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Burgos

Name of Person

305, **758-900** 

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/COURIER ADDRESS:

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

#### H13000166122 3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VOSSEN LLC   |  |                                       |
|--|--|---------------------------------------|
| (Name of the Limited Liabili<br>(A Florida   | ty Company as it now appears on our Limited Liability Company) | records.)                             |
| The Articles of Organization for this Limited Liability Florida document number <u>L13000078472</u>    | Company were filed on 05/30/201                                | 3 and assigned                        |
| This amendment is submitted to amend the following:  |  |                                       |
| A. If amending name, enter the new name of the lin   | mited liability company bere:                                  |                                       |
| The new name must be distinguishable and end with the w  | ords "Limited Liability Company," the c                        | lesignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  |                                       |
| (Principal office address MUST BE A STREET ADD   | DRESS)   |                                       |
|  | ·  |                                       |
| Enter new mailing address, if applicable:  |  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                       |
| B. If amending the registered agent and/or reg<br>registered agent and/or the new registered office ad |  | rds, enter the name of the new        |
| Name of New Registered Agent:  |  | <u>:</u>                              |
| New Registered Office Address:   |  |                                       |
|  | Enter Florid   | da street address                     |
|  | City   | , Florida                             |
|  | City   | Zip Coue                              |

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 608, 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

| p. | 4 |
|----|---|
|----|---|

### H13000166122 3

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:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name        | Address           | Type of Action      |
|--------------|-------------|-------------------|---------------------|
| MGRM         | JAVAD AZADI | 2040 NW 96 AVENUE | _ Add               |
|              |             | DORAL, FL 33172   | Remove              |
|              |             |                   | -                   |
|              |             |                   | Add                 |
|              |             |                   | Remove              |
|              |             |                   | _                   |
| •            |             |                   | Remove              |
|              |             |                   |                     |
|              |             | <del></del>       | Add                 |
|              |             |                   | Remove              |
|              |             |                   |                     |
|              |             |                   | Add                 |
|              |             |                   | Remove              |
|              |             | TAGE FACE         | 13                  |
|              |             | HASSI             | M 26 AH II          |
|              |             | ALLAHASSE FLORID  | 13 JUI 26 JH 11: 05 |
|              |             |                   | . 0.                |

H130001661223

| f ame  | ending any other (uformation, enter | change(s) bere: (Attach additional sheets, if necessary.) |
|--------|-------------------------------------|---|
| -      |                                     |   |
|        |                                     |   |
| _      |                                     | · · · · · · · · · · · · · · · · · · ·                     |
| -<br>ا | JULY 25                             | 2013  |
|        |                                     | eac S'  |
|        | KATAYUN AZADI                       | namber or authorized representative of a member           |
|        |                                     | Typed or printed name of signes.                          |

Page 3 of 3

Filing Fee: \$25.00