

From: Sandra Perez

Fax: (850) 617-2380

To: 850-638-2380 FAX (Fax: 850-617-2380)

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Division of Corporations

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# L130000140472

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.**

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**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

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14 MAR -3 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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EFFECTIVE DATE  
3-3-14

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA AUCTION DIRECT, LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

#140000499143

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA AUCTION DIRECT, 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:

**Paola Martinez**

Name of Person

**Dealer Consulting Services, Inc.**

Firm/Company

**7537 NW 7th Ave**

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:

**Paola Martinez**

Name of Person

**at (305) 758-9001**

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

850-817-8381

3/3/2014 10:21:21 AM PAGE 1/001 Fax Server



March 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLORIDA AUCTION DIRECT, LLC  
2512 SW 30 AVENUE  
PEMBROKE PARK, FL 33009US

SUBJECT: FLORIDA AUCTION DIRECT, LLC  
REF: L13000140472

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : AUTO SPECIALISTS, LLC, document number L08000088907.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H14000049914  
Letter Number: 614A00004569

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

#140000499143

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

**FLORIDA AUCTION DIRECT, 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 10/04/2013 and assigned  
Florida document number L13000140472.

This amendment is submitted to amend the following:

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

**AUTO SPECIALISTS OF FLORIDA, LLC.**

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: 2200 NORTH 30TH RD HOLLYWOOD, FL 33021

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2200 NORTH 30TH RD HOLLYWOOD, FL 33021

(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:

2200 NORTH 30TH RD

Enter Florida street address

HOLLYWOOD, Florida 33021

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

3-3-14

# 40000499143

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

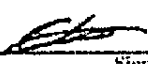
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

#14 0000477143

E. Effective date, if other than the date of filing: March 3, 2014 (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 March 3<sup>rd</sup> 2014

  
Signature of a member or authorized representative of a member

Celeste Rose Daiagi

Typed or printed name of signee