Forida Department of State Division of Corporations Electronic Allina Lover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CLARA GIFALDO ENROLLED AGENT

Account Number : 119990000017 Phone : (305)465-9300 Fax Number : (305)485-1099

Enter the charl 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 DORAL SPORT CARS LLC

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SECRETARY OF STATE
ANASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DORAL SPORT CARS LLC			
· (Name of the Li	mited Liability Comp (A Florida Limited	pany as it now appears on our rec d Liability Company)	cords,)
The Articles of Organization for this Limited			
Florida document number L14000112679			and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liah	ility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl		8398 NW 70ST	
(Principal office address MUST BE A STRE		MIAMI, FL 33166	
•		-	2021 SEC
Enter new mailing address, if applicable:		N/A	2
(Mailing address MAY BE A POST OFFICE BOX)			2 N N N N N N N N N N N N N N N N N N N
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D. Ifamus Passas			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, ente	
			10 PA
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	 -	
•		Enter Florida street addr	ess
		, F	lorida
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name .	Address	Type of Action
N/A 	N/A	N/A	
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			DRemove
			□Change
	•		□Remove
			□Change
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			□Change
			
			□Remove

N/A	nation, enter change(s) here: (Attach a	
		
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fective date, if other than the n effective date is listed, the date minute: If the date inserted in this becament's effective date on the I	ust he specific and cannot be prior to date of filing block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after th
IUNE 21	2021	
FA	DY EL MOHAMAD	
	Signature of a member or authorized represent	tative of a member

Filing Fee: \$25.00