

LS 0000 41690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

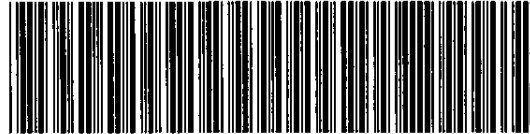
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAILED MAY 01 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DJM AutoGroup 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:

Marco Lopez  
Name of Person

DJM AutoGroup LLC  
Firm/Company

2422 LIEBLASUS DR  
Address

ORlando FL 32835  
City/State and Zip Code

DJM AutoGroup@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marco Lopez at (813) 458-5117  
Name of Person 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

D&M AutoGroup LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
<del>AMBR</del> MGR	Marco Lopez	2422 Lielasus DR	<input checked="" type="checkbox"/> Add
		Orlando FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA  
15 APR 27 AM 10:06  
Remove  
Add

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 April 22 2015, \_\_\_\_\_.

Derly's Torres

Signature of a member or authorized representative of a member

Derly's Torres

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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