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Florida Department of State
Division of Corporations

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DEALER CONSUL
Account Number : I20010000121
Phone : (305) 758-9001
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Email Address: corporations@dcsmiami.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A. HOLDER ENTERPRISES, LLC.**

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SECURITY OFFICERS' INFORMATION AND INFORMATION SERVICES

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From: Sandia Perez Fax: (888) 501-2390

To: 8506176383@rcfav.com Fax: +18506176383

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(((H15000076067 3)))

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: _____
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:

Janixa Ramos

Name of Person

Dealer Consulting Services

Firm/Company

7537 NW 7th Avenue

Address

Miami, FL 33150

City/State and Zip Code

corporations@dcsmlami.com

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

For further information concerning this matter, please call:

Janixa Ramos

305 758-9001

Name of Person

at (_____
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

15 MAR 26 AM 11:30
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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA
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3/26/2015

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

A. HOLDER ENTERPRISES, 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 03/09/2015 and assigned Florida document number L15000042129.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(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: _____
Enter Florida street address

_____, Florida
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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SEAN D DONOVAN	7360 NW 4TH ST STE 201 PLANTATION, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sean D Holder	7360 NW 4TH ST STE 201 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

From: Sandra Perez Fax: (888) 501-2390

To: 8506176383@rcfax.com Fax: +18506176383

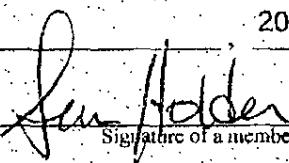
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 3)))

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 March 26 2015


Sean D Holder

Signature of a member or authorized representative of a member

Sean D Holder
Typed or printed name of signee

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