

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

: (305)758-9001

Fax Number

: (888)501-2390

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

CORPORATIONS@DCSMIAMI.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

O.T.F. AUTO IMPORTS, LLC.

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\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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OUD TOOK		TO IMPORTS, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	·
The enclose	d Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n ali correspo	ndence concerning this matter	to the following:	
		Janixa Ramos		
			Name of Person	
٠		Dealer Consulting Services	s, lnc.	
			Firm/Company	
		7537 NW 7th Ave		
			Address	
		Miami, FL 33150		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		corporations@dcsmiami.co		
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please c	sll:	
Janixa Ram	108		305 758-9001	
×	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 \$100 \$100 \$100 \$100 \$100 \$100 \$100

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 From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O.T.F. AUTO IMPORTS, LLC.			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it mw appears on o Liability Company)	ur rycords.)
The Articles of Organization for this Limited L	Sability Company	were filed on Septem	ber 23, 2015 and assigned
Florida document number L15000162146	**************************************		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the	vards "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation 'L.L.C."
Enter new principal offices address, if applie	eable:	290 NE 51 STREET	APT I
(Principal office address MUST BE A STREE		MIAMI, FL 33137	
Takanan adam ikaniinbii		290 NE 51 STREET	APT I
Enter new malling address, if applicable:	PAN	MIAMI, FL 33137	
(Mailing address MAY RE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Mice address her		
	200 N.E. C. 1971	NET AND I	
New Registered Office Address:	290 NE 51 STI	Enter Florida str	pet address
	MIAMI		
	MIAIM	City	, Florida 33137 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	-	·
I hereby accept the appointment as registere	·		city. I further caree to comply with th
Thereby accept the appointment as registers			

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.

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If Changing Registered Agent, Signature

.

From: Sandra Perez Fax: (898) 501-2390

To: 8506176383@rcfax.com Fax: +18506176383_________(Page)7 of 8 10/05/2015 1:22 PM

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
MGR	FERNANDO JESUS VASQUEZ GONZALEZ	290 NE 51 STREET APT 1	
		MIAMI, FL 33137	Remove
			Change
			🗆 Add
			Remove
			Change
			D Add
			Remove
			Change
			🗅 Add
		·	D Remove
		·	Change
			□ Add
			Remove
			Change
	·	SECRETAR ALLAHASS	Name of the last o
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Note: 4	If the date inserted in this bl	e date of filing:

Signature of a member or authorized representative of a member FERNANDO J VASQUEZ GONZALEZ Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00