(Requestor's Name) (Address)	198040
(Address)	000287085430
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	06/20/1601025005 ★★25.00
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

ZDIRECT AUTO SALES, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA ARMADA ARDA

Name of Person

EZDIRECT AUTO SALES, LLC

Firm/Company

5055 COLLINS AVE, STE 11-N

Address

MIAMI BEACH FL 33140

City/State and Zip Code

info@ezdirectautosales.com

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

For further information concerning this matter, please call:

Barbara Armada Arda 786

Name of Person

Area Code

423-8674

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

S30 Filing Fee & Certificate of Status

\$55 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION			
FOR			
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY			

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. **FIRST**: The name of the limited liability company is: **EZDIRECT AUTO SALES, LLC**

SECOND: The Florida Document number of the limited liability company is: L15000198040

Document to be corrected is: Articles of Amendment filed 01/11/2016

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Name of Authorized Member Added was incorrect as Pablo Ernesto Orellano

Correction -- Name of Authorized Member is Pablo Ernesto Orellano Comunale

<u>OR</u>

THIRD:

Was defectively signed. The manner in which the document was defectively signed and the appropriate contection are as follows:

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The electronic transmission of the record was defective.

Signature of Authorized Representative

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Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional)