

From: Santa Perez  
9/16/2016

Fax: (850) 501-2390

To: 8506175532@cfax.com Fax: 18506176383  
Division of Corporations

Page 2 of 8 09/16/2016 11:29 AM

# L16000050025

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000230755 3)))



H160002307553ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

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

From:

Account Name : DEALER CONSULTING SERVICES, INC.  
Account Number : I20010000121  
Phone : (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.\*\***

Email Address: CORPORATIONS@DCSMIAMI.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PUERTO INDIANO, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

2016 SEP 16 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 16 AM 10:21

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PUERTO INDIANO, 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:

Janixa Ramos

Name of Person

Dealer Consulting Services, Inc.

Firm/Company

7537 NW 7th Avenue

Address

Miami, FL 33150

City/State and Zip Code

Corporations@dcsmiami.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

at ( )

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

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

**PUERTO INDIANO, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 SEP 16 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/10/2016 and assigned  
Florida document number L16000050025.

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 contain 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)** \_\_\_\_\_

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 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**

| <u>Title</u> | <u>Name</u>               | <u>Address</u>            | <u>Type of Action</u>           |
|--------------|---------------------------|---------------------------|---------------------------------|
| MGR          | EUGENIO M. POMARES PUERTO | 1500 NE 13TH AVE          | <input type="checkbox"/> Add    |
|              |                           | MIAMI, FL 33139           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |
| MGR          | MANUEL MONTOUTO           | 5161 NW 79TH AVE UNIT #13 | <input type="checkbox"/> Add    |
|              |                           | DORAL, FL 33166           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |
|              |                           |                           | <input type="checkbox"/> Add    |
|              |                           |                           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |
|              |                           |                           | <input type="checkbox"/> Add    |
|              |                           |                           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |
|              |                           |                           | <input type="checkbox"/> Add    |
|              |                           |                           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |
|              |                           |                           | <input type="checkbox"/> Add    |
|              |                           |                           | <input type="checkbox"/> Remove |
|              |                           |                           | <input type="checkbox"/> Change |

2016 SEP 16 AM 10:21  
ELECTRONICALLY  
FILED  
FBI MIAMI  
RECEIVED

Page 8 of 8 09/18/2018 11:29 AM  
120010000121

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

FILED  
2016 SEP 16 AM 10:21  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 14

2016

Signature of a member or authorized representative of a member

EUGENIO MARIA POMARES PUERTO

Typed or printed name of signee