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Division of Corporations

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. (030)01/-

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 futures annual report mailings. Enter only one email address please.\*\*

Email Address: CORPORATIONS@DCSMIAMI.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KING AUTO CHOICES OF MIAMI, LLC.

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## **COVER LETTER**

	tegistration Se Pivision of Cor					
SUBJECT		TO CHOICES OF MIAMI, LL	C.			
Name of Limited Liability Company						
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		JANIXA RAMOS				
		· · · · · · · · · · · · · · · · · · ·	Name of Person		16	ALL
	DEALER CONSULTING SERVICES, INC.					AAR
Firm/Company			Firm/Company		JUL 25	ASS ASS
7537 NW 7TH AVE			=			
			Address		ထဲ့	ー
		MIAMI, FL 33150			25	AGE A
		City/State and Zip Code				
		CORPORATIONS@DCSN	IIAMI.COM to be used for future annual report notif			
For further	r information c	oncerning this matter, please co	•	ication)		
JANIXA	RAMOS		305 758-9001			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for th	he following amount:				
\$25.00	O 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 Sta Certified Copy (additional copy is et	itus &	

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 Fax: (888) 501-2390

To: 8608176383@rcfax.com Fax: +18606176383

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(((H16000176396 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING AUTO CHOICES OF MIAM	I, LLC.		
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	w appears on our records.)	_
	, it will be brooking to	рш.у )	
The Articles of Organization for this Limited Lin	ability Company were file	d on <u>04/26/2016</u>	and assigned
Florida document number L16000081805	· · · · · · · · · · · · · · · · · · ·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	nany here:	
		<del></del>	****
The new name must be distinguishable and contain the wo	ords "Limited Liability Compan	y," the designation "LLC" or th	e abbreviation. L.C. in
Enter new principal offices address, if applica	ble:		JE AR
(Principal office address MUST BE A STREET ADDRESS)			2 32
12-Mepa office Edities most portional	711111111111111111111111111111111111111		<b>9</b>
The same of the sa			8: 7. 8: 7.
Enter new mailing address, if applicable:	·		<u> </u>
(Mailing address MAY BE A POST OFFICE E	<u></u>		
D 15 one dies the maintain to and a 10			
B. If amending the registered agent and/or registered agent and/or the new registered off		ress on our records, ent	er the name of the new
Name of New Registered Agent:	JAMES ELLLIS BROOK	SII	
New Registered Office Address:	2613 NW 18TH TER AP	T I	
	E	nter Florida street address	
	OAKLAND PARK	, Florida	33311
	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

From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: +18506176383

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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>	Name	Address	Type of Action
MGR	CHRISTOPHER EDWARD KING	2613 NW 18TH TER APT I	
		OAKLAND PARK, FL 33311	■ Remove
			Change
MGR	JAMES ELLLIS BROOKS II	7810 SW 8TH STREET	
		NORTH LAUDERDALE, FL 33068	<del>Q</del> <del>Q</del> <del>Q</del>
			CRETARY CLAHASSEE
			<b>©</b> • • • • • • • • • • • • • • • • • • •
			STATE ORIDA
			Change
٠			□ Remove
			☐ Change
		·	□ Remove
			Change
			Add
			Remove
			☐ Change

Page 6 of 6 07/22/2016 9:06 AM Fax: (888) 501-2390 To: 8506176393@rcfax.con Fax: +18506176383 From: Sandra Perez (((H16000176396 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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Filing Fee: \$25.00