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.

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To:

Division of Corporations

Fax Number

: (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.

Email Address: Corporations@dcsmiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RDM AUTOMOTIVE GROUP FL, LLC.

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TO:

Registration Section

To: 8606176383@rcfax.con Fax: +18506176383

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT.	RDM AUT	OMOTIVE GROUP FL, LLC).	
SUBJECT:		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
		Janixa Ramos		
			Name of Person	
		Dealer Consulting Service	s, Inc	
			Firm/Company	
		7537 NW 7th Avenue		2
			Address	~~~~
		Miami, FL 33150		——————————————————————————————————————
			City/State and Zip Code	
		Corporations@dcsmiami.co	om to be used for future annual report not	
For further in	nformation o	oncerning this matter, please c	•	
Janixa Ramo	os		305 758-9001	
· · · · · · · · · · · · · · · · · · ·	Name o	f Person		ne Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	iling 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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Secti Division of Corpo	on

P.O. Box 6327 Tallahassee, FL 32314 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**

RDM AUTOMOTIVE GROUP FL, LLC (Name of the Limited Li (A F)		nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabili			and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
AMERICA FINE CARS, LLC.			5
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable	;		
(Principal office address MUST BE A STREET A)		4701 SW 45TH ST BLDG 7 BAY 12	2
		DAVIE, FL 33314	34
			Ö
Enter new mailing address, if applicable:		4701 SW 45TH ST BLDG 7 BAY 12	8
(Mailing address MAY BE A POST OFFICE BOX	2	DAVIE, FL 33314	
B. If amending the registered agent and/or registered agent and/or the new registered office a			the name of the
Name of New Registered Agent:			
New Registered Office Address: 47	701 SW 45TH	IST BLDG 7 BAY 12	
New Registered Office Address.		Enter Florida street address	
New Registered Office Address.	AVIE	Enter Florida street address Florida 333	14

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.com 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

Title	<u>Name</u>	Address	Type of Action
MGR	ROBERTO A. MARTINEZ	4701 SW 45TH ST BLDG 7 BAY 12	Add
		DAVIE, FL 33314	☐ Remove
			■ Change
			Add
			Remove A
			12dd AA
			Reference Control Ref
			D Add
			□ Remove
		·	Change
			Remove
			Change
			Add
			☐ Remove
			Change

			((/L16000351610.2
If am	ending any other informat	ion, enter change(s) here: (Attach additiona	(((H16000251610 3) l sheets, if necessary.)
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Effecti	ive date, if other than the s	late of filing:	(optional)
Note:	If the date inserted in this blo	ck does not meet the applicable statutory filing re-	quirements, this date will not be listed
docum	ent's effective date on the De	partment of State's records.	
		effective date, but not an effective time	e, at 12:01 a.m. on the earlier
The	90th day after the reco	rd is filed.	
	Ostobos 11	2016	
Dated	October 11	2016	
		11 -11	
		12/ 149	
	•	ignature of a member or authorized representative of a	memper

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Typed or printed name of signee

Filing Fee: \$25.00