L16000145537

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Registration Section Division of Corporations

DACAR AUTO SALES LLC

	Name of Lin	nited Liability Company		_
enclosed Articles of Ame	endment and fec(s) are sub	omitted for filing.		
se return all corresponde	nce concerning this matter	to the following:		
	JESUS TORRES			
·		Name of Person		
	DACAR AUTO SALES L	LLC		
•	· <u></u>	Firm/Company		 .
	5551 NW 82 AVENUE			
•		Address		
	DORAL, FLORIDA 3316	6		
• •		City/State and Zip Code		<u> </u>
C	ACARAUTOSALES@G			
	E-mail address: (to be used for future annual re	eport notification)	-
further information conce	rning this matter, please ca	all:		
BEN ALCOBA		305 3628		
Name of Per	son	Area Code	Daytime Telephone Numb	er
osed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certifie	Filing Fee, cate of Status & ed Copy nal 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

DACAR AUTO SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) : Articles of Organization for this Limited Liability Company were filed on 08/03/2016 _____ and assigned rida document number L16000145537 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: NYCAR AUTO SALES LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling uddress MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new stered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ppt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability wany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ____

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amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

$\mathbf{G}\mathbf{R} =$	Manager	
1BR =	Authorized	Member

<u>le</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Remove
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tive date, if other than the date fective date is listed, the date must be s If the date inserted in this block of	specific and cannot be prior does not meet the applications.	to date of filing or more that	(optional) n 90 days after filing irements, this date	N Dispersons to COE OF
ient is effective date on the Depart				
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cord specifies a delayed eff 90th day after the record AUGUST 7	2017 			17 AUG 11
cord specifies a delayed effective date on the Depart	ature of a member or author			17 AUG

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