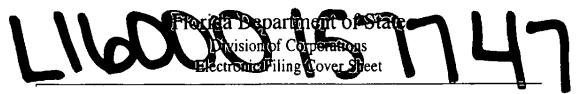
2/13/25, 4:05 PM

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Division of Corporations



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(((H25000056802 3)))



H250000568023ABC

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To:

Division of Corporations

From: +17864106035 (DCS)

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number: I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035

は色蓋r the email address for this business entity to be used for future annual report mailings. Enter only one email address please.∗∗

CORPORATIONS@DCS-NETWORK.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CITY MOTORS MIAMI, LLC.

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COVER LETTER

From: +17864106035 (DCS)

		,		(H25000568023)
TO:	Registration So Division of Cor			-
	aCITY MOT	FORS MIAMI, LLC.		:
SUBJ	ECT:		ited Liability Company	<u></u>
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DANIELA MONSALVE		
			Name of Person	
CITY MOTORS MIAMI, L			LLC.	
			Firm/Company	······
7537 NW 71'H AVE				
			Address	
		MIAMI, FLORIDA 33150)	
			City/State and Zip Code	
		CORPORATIONS@DCS-i E-mail address: (NETWORK.COM to be used for future annual report r	odification)
For fu	rther information c	oncerning this matter, please c	all:	
DANI	ELA MONSALVI	÷	305 758-9001 at ()	
	Name o	f Person		time Telephone Number
Enclos	sed is a check for th	ne following amount:		
≘ \$2	25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration ! Division of C	
	P.O. Box 632		The Centre o	l Tallahassee
	Tallahassee, i	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

CITY MOTORS MIAMI, LLC.

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ARTICLES OF AMENDMENT TO

From: +17864106035 (DCS)

(41250000568023)

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears on c imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L16000157747</u>	mpany were filed on $\frac{08/23/20}{2}$	016 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limits	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
		2025	3)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		ω =	
	-		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered	!
Name of New Registered Agent:	·····		
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	
New Designation of Asserts Classical Control of the	City	Zip Code	
New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capac inplete performance of my a int as provided for in Chapi	duties, and I am familiar with and ter 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

3

From: +17864106035 (DCS)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (425000568023)

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	WISSAM ADIB JAUHARI	7900 SW 8TH ST	■Add
		MIAMI, FL 33144	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□ Add
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(H25000SbB023)

To: +18506176383

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iling: and cannot be prior to meet the applica of State's records.	to date of filing or n able statutory filin	(opt nore than 90 days after g requirements, th	ional) er filing.) Pursuant to t is date will not be l	505.0207 fisted as
not an effective til	me, at 12:01 a.m.	on the carlier of: (b) The 90th day a	fier the
2025				
of a member or autho	orized representative	of a member		•
	of State's records. not an effective til 2025	iling: and cannot be prior to date of filing or n ot meet the applicable statutory filin of State's records. not an effective time, at 12:01 a.m.	of State's records. not an effective time, at 12:01 a.m. on the carlier of: (ling: