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(((H16000221772 3)))



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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 Phone

Fax Number : (888)501-2390

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

Email Address: Corporations@dcsmiami.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2 GUYS AUTO SALES L.L.C

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TO:

Fax: (888) 501-2390

Registration Section

To: 8506176383@rcfax.con Fax: +18506176383

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COVER LETTER

Division of Co	rperations	
	AUTO SALES L.L.C	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Janixa Ramos	
	Name of Person	
	Dealer Consulting Services, Inc.	
	Firm/Company	
	7537 NW 7th Avenue	≨. <u>≥</u>
	Address	2016 :
	Miami, FL 33150	SEP .
	City/State and Zip Code	
	Corporations@dcsmiami.com E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	- 62 년 - 62 년 - 2
Janixa Ramos	305 758-9001 at ()	
Name o	of Person Area Code Daytime Telepho	one Number
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status 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 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

2 GUYS AUTO SALES L.L.C		
Name of the Limited Liability (A Florida	y Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co Florida document number L16000159984	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	201
		0,5
Enter new mailing address, if applicable:		m -
(Mailing address MAY BE A POST OFFICE BOX)		7 →
		0.6 2.3
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet add	ess.
	,	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, ent as provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	MIKE ROWE	1111 EAST SUNRISE BLVD	
		FT LAUDERDALE, FL 33304	Remove
			Change
AP DAVID L WEISSMAN	DAVID L WEISSMAN	4300 N OCEAN BLVD	
		FT LAUDERDALE, FL 33308	■ Remove
		☐ Change	
MGR.	DAVID L WEISSMAN	4300 N OCEAN BLVD	■ Add
		FT LAUDERDALE, FL 33308	□ Remove
		Change	
		ARR SE TO AND THE SECOND SECON	
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

Sandra Perez	Fax: (888) 501-2390	To: 8606176383@rcfax.con Fax: +18606176383	Page 8 of 8 09/07/2016 9:29 AM	
D. If amer	iding any other informa	ation, enter change(s) here: (Attach additional	(((H160002217 ! sheets, if necessary.)	72 3)
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<u> </u>				
			73. 22. 20.	
			A TO SO T	
_			ASS -	
E 500) . AMI		
(If an effec <u>Note:</u> I	f the date inserted in this bl	edate of filing: st be specific and cannot be prior to date of filing or more il lock does not meet the applicable statutory filing recle lepartment of State's records.	han 90 days after filing.) Pursuant to 605.0207 (3) puirements, this date will not be listed as the)(b)
If the reco	ord specifies a delayed Ooth day after the rec	d effective date, but not an effective time ford is filed.	e, at 12:01 a.m. on the earlier of:	
Dated 3	31st August	2016		
		101/		
		Signature of a member of authorized representative of a		

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Typed or printed name of signee

Filing Fee: \$25.00