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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : T20010000121
Phone : (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
JADY AUTO SALES, LLC.

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D. SCOTT

MAR 17 2017

COVER LETTER

(((H17000072417 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: JADY AUTO SALES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA BAUTISTA

Name of Person

DEALER CONSULTING SERVICES

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 33150

City/State and Zip Code

CORPORATIONS@DCSMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA BAUTISTA

Name of Person

at (305)

Area Code

758-9001

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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
2881 Executive Center Circle
Tallahassee, FL 32301

FILED
17 MAR 16 AM 10:05
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H17000072417 3)))

JADY AUTO SALES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/13/2017 and assigned Florida document number L17000042233.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANTOINE LIMONE JOSEPH	16574 SW 19 ST MIRAMAR FL 33027	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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MGR

Joseph, Antoine L
Signature of a member of

Signature of a member or authorized representative of a member

ANTOINE LIMONE JOSEPH

Typed or printed name of signee

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MAR 16 AM 10:05
17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA