Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

Phone

: (305)758-9001 : (888)501-2390

Fax Number

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

Email Address: corporations@dcsmiami.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG TWO GUYS AUTO SALES LLC

Certificate of Status	. 0
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Corporate Filing Menu

Help

MAY 23 2017

TO:

Fax: (888) 501-2390

Registration Section

To: 8506176383@rcfax.con Fax: (850) 617-6383

Page 5 of 8 05/20/2017 3:08 PM

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## **COVER LETTER**

бy

Di	vision of Corp	porations		
SUBJECT:		S AUTO SALES LLC		
SUBJECT		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u> </u>	
Please retur	π all correspor	idence concerning this matter	to the following:	
		Janixa Ramos		
		-	Name of Person	
		Dealer Consulting Services	s, Inc.	
			Firm/Company	
		7537 NW 7th Avenue	ئۇ.	
			Address	
		Miami, FL 33150		
			City/State and Zip Code	
		Corporations@desmiami.co		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	,
Janixa Ran	nos		305 758-9001 at ( )	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO GUYS AUTO SALES LLC	•		
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability (	ow appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L17000067632		ed on 03/24/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	***************************************		ATT AND
Mailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<b>2</b> 2 7
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office ad office address here:	dress on our records,	entershe name of the n
Name of New Registered Agent:	LUIS M, ALMONTE	14	
New Registered Office Address:	11311 NW 7TH AVE		
· <del></del>		Enter Florida street address	
	міамі	, Flor	ida <u>33168</u>
	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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

From: Sandra Perez

Fax: (888) 501-2390

To: 8508176383@rcfax.con Fax: (850) 617-6383

Page 7 of 8 (05/20/2017 3:08 PM 65 3)))

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>	<u>Name</u>	Address	Type of Action
MGR	LUIS M. ALMONTE	11311 NW 7TH AVE	
		MIAMI, FL 33168	C A00
			□ Remove
	·		
AMBR	HECTOR M. CACERES ORTEGA	11311 NW 7TH AVE	Add
		MIAMI, FL 33168	Remove
		·	B Change
AP	HECTOR CACERES JR	11311 NW 7TH AVE	
		MIAMI, FL 33168	■ Remove
			☐ Change
AMBR	HECTOR M. CACERES	11311 NW 7TH AVE	
		MIAMI, FL 33168	Remove
			Change
-			□ Add
			☐ Remove
			Change
		3	
			□ Remove
			☐ Change

andra Perez	Fax: (888) 501-2390	To: 8508176383@rcfax.con Fax: (850) 617-8383	Page 8 of 8 05/20/2017 3:08 P ((パイノ / リリリ ろめいち	<sup>M</sup> 3)))
D. If am	ending any other informs	ation, enter change(s) here: (Attach additional s		
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-			<b>57</b>	_
-				_
E. Effect	ive date, if other than the	date of filing:	(optional)	
Note:	If the date inserted in this blo	t be specific and cannot be prior to date of filing or more that ock does not meet the applicable statutory filing requ	frements, this date will not be ti	05.020 isted a
docum	ent's effective date on the Di	epartment of State's records.		
16 +b		d effective data had a see effective the	-k 49-94 the a	منداك
(b) The	90th day after the rec	d effective date, but not an effective time, ord is filed.	at 12;01 a.m. on the ear	nerc
	May 18	2017		
Dated	nong 10			
		4.		
		Signature of a member or authorized representative of a mi	ember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00