Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000146602 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES,

Account Number: 120010000121

: (305)758-9001

Fax Number

: (888)501-2390

**Enter the email address for this business entity to be used for the business entity to be us

Email Address: CORPORATIONS@DCSMIAMI.COM

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Help

J. HARRIS

5/31/2017

From: Sandra Perez

Fax: (888) 501-2390

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

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COVER LETTER

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| | ation Section of Corpor | | | · |
|---------------------|-------------------------|--|---|--|
| | O GUYS | AUTO SALES LLC | | |
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The enclosed Art | icles of An | endment and fee(s) are sub- | mitted for filing. | |
| Please return all o | correspond | ence concerning this matter | to the following: | |
| | | Janixa Ramos | | |
| | | | Name of Person | |
| | | Dealer Consulting Services | s, Inc. | |
| | | | Firm/Company | |
| | | 7537 NW 7th Avenue | ¥ | |
| | | | Address | |
| | | Miami, FL 33150 | | |
| • | | | City/State and Zip Code | |
| | | Corporations@dcsmiami.co | m to be used for future annual report notifica | ation) |
| For further inform | nation cond | erning this matter, please ca | | , |
| | nanon com | erning this matter, produce of | | |
| Janixa Ramos | | | 305 758-9001 at () | |
| | Name of Pe | erson | Area Code Daytime T | elephone Number |
| Enclosed is a che | ck for the f | ollowing amount: | | |
| ■ \$25.00 Filing | ş 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) |
| | | | <u>.</u> . | |
| | MAILING Registration | G ADDRESS: | STREET/COURIE Registration Section | R ADDRESS: |
| | veRiangni | ar scardii | vegian anon acciton | |

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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TWO GUYS AUTO SALES LLC | | | |
|---|---|-----------------------------------|-------------------|
| (Name of the Lim | ted Liability Company as it now and (A Florida Limited Liability Compan | y) | |
| The Articles of Organization for this Limited L Florida document number L17000067632 | iability Company were filed on | 03/24/2017 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liability company | here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," th | ne designation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STREA | ET ADDRESS) | | |
| | | A | S 70 V |
| Enter new mailing address, if applicable: | | LAHA | CREE |
| (Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | 9 R 11 |
| | | 9. | ž œ |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, enter the | gename of the new |
| Name of New Registered Agent: | HECTOR MANUEL CACER | ES ORTEGA | |
| New Registered Office Address: | 11311 NW 7TH AVE | | |
| How Augustate Office Address. | Enter | Florida street address | |
| | MIAMI | , Florida <u>3316</u> | .8 |
| | 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

From: Sandra Perez Fax: (888) 501-2390

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

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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 | ■ Remove |
| | | | C Change |
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| | | | □ Change |

| Sandra Perez | Fax: (888) 501-2390 | To: 8606176383@rcfax.con Fax: (850, 617-6383 | Page 8 of 8 05/31/2017 1:20 PM (((H17000146602 3))) |
|--------------|---|--|--|
| D. If amen | ding any other informa | tion, enter change(s) here: (Attach additional s | sheets, if necessary.) |
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| E. Effectiv | e date, if other than the | date of filing: | (optional) |
| Note: 1 | f the date inserted in this blo | at be specific and cannot be prior to date of filing or more that ock does not meet the applicable statutory filing requestrates of State's records. | an 90 days after filing.) Pursuant to 605.0207 sirements, this date will not be listed as |
| | ord specifies a delayed 90th day after the red | d effective date, but not an effective time, ord is filed. | at 12:01 a.m. on the earlier of |
| Datad | May 30 | 2017 | 2017 ************************************ |
| Dated _ | | | CAE A |
| | | Signature of a member or authorized representative of a m | nember ω |
| | | | |
| | HECTOR MANUEL C. | ACERES ORTEGA Typed or printed name of signee | |

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Filing Fee: \$25.00