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	To:	Division of Corporations Fax Number : (850)617-6383			
	From:	Account Name : DEALER CONSULTIN Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (888)501-2390	G SERVICES, INC.		
,-	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please Email Address: <u>Corporations@dcsiniami.com</u>				
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8/2/2017

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COVER LETTER

	Registration Division of C			
CUDJEC		UALITY CARS, LLC.		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles (of Amendment and fee(s) are sub	emitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Janixa Ramos		
	Name of Person			
	Dealer Consulting Services, Inc.			
Firm/Company				
		7537 NW 7th Avenue		
	Address		 _	
		Miami, FL 33150		<u> </u>
			City/State and Zip Code	
		Corporations@dcsmiami.c E-mail address:	om (to be used for fliture annual report notification	
For furth	er information	n concerning this matter, please of		
Janixa R	Ramos		305 758-9001	
	Nam	e of Person	at () Area Code Daytime Teli	ephone Number 55
Enclosed	d is a check fo	r the following amount:		
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	15

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADE QUALITY CARS, 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 <u>06/02/2017</u> and assigned Florida document number <u>L17000121358</u>

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS) 192 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ΞŤ. C T B. If amending the registered agent and/or registered office address on our records, Eater thfe name the new registered agent and/or the new registered office address here: \sim لينا ANDREA MEJIA Name of New Registered Agent: 9420 SW 26 ST New Registered Office Address: Enter Florida street address Florida 33165 Zip Code MIAMI Cin

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

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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:

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MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	ANDREA MEJIA	9420 SW 26 ST	🗃 Add
		MIAMI, FL 33165	Remove
			Change
MGR	ENGELS ENRIQUE TIJERINO JR	9420 SW 26 ST	DAdd
		MIAMI, FL 33165	🖻 Remove
			Change
			D Add
		<u> </u>	Remove
			C Remove
			Change
			Add
		<u> </u>	Change

From: Sandra Perez

Fax: (888) 501-2390

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2017 JULY 28 Dated Signature of a member or authorized representative of a member ANDREA MEJIA

Typed or printed name of signee

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Filing Fee: \$25.00

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