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D SCOTT JUN 3 0 2017

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Debery Auto Sale; CCC 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:
Rosa Lilia Contreras Guilbert Name of Person
De Bary Auto Sales Firm/Company
19 Legion PL Address
City/State and Zip Code RDyer 999 act. com E-mail address! (to be used for future annual report notification)
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosa Lilia Contrera Guilbert at (356) 202-4966 Or 386262 436
Enclosed is a check for the following amount:
S25.00 Filing Fee Sacrificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Sacrified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

De bary	Auto Soles (L	on our records)	
(Table of the First	led Liability Company as it now appears (A Florida Limited Liability Company)	30 our records.	
The Articles of Organization for this Limited L	iability Company were filed on <u>Je</u>		and assigned
Florida document number <u>L 1700013</u>	<u> </u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company her	re:	
-		-	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the des	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
			ا المستور الما الما الما الما الما الما الما الم
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			·
B. If amending the registered agent and registered agent and/or the new registered o		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Rosa Lilia	Contreias	Cultret
New Registered Office Address:	1116 Sherbourn	e way la street address	
	Or mond City	Florida	B2174 Zip Code
31 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n		

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:

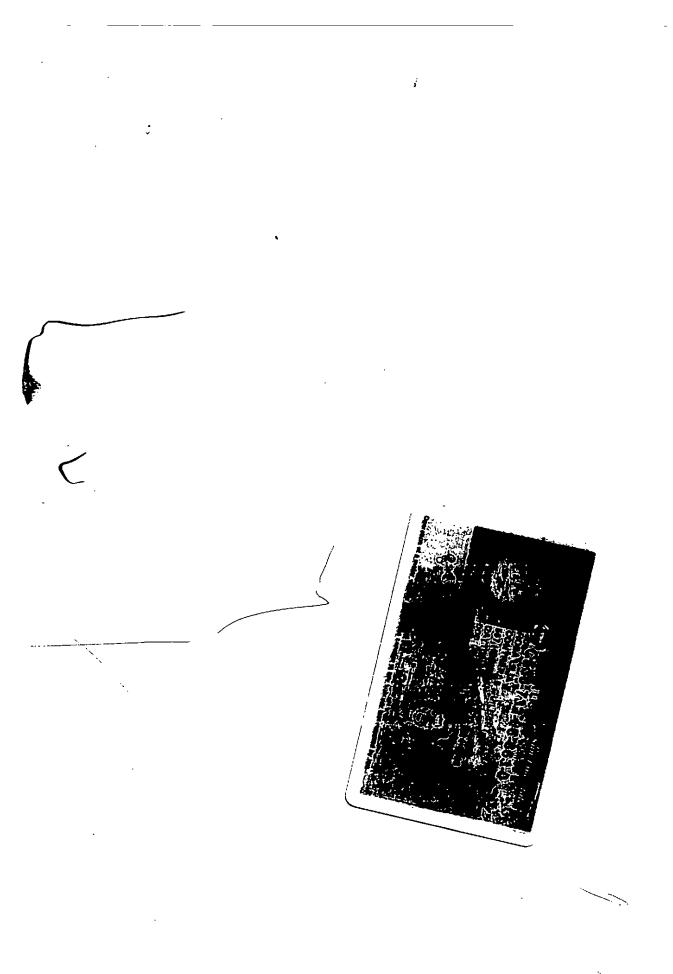
MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 1116 Shechanne Way	Type of Action
MGR	Rosa Contreras Guilbert	0 (most FL 33174	Add
			Remove
			Change
			☐ Add
			□ Remove
			Change
			🗆 Add
			Remove
			🗖 Change
			🗆 Add
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			□ Remove
		· · · · · · · · · · · · · · · · · · ·	, · □ □ Change
			□ Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
# 1 we Didnt Part Rosais Complete name	
# 1 We Didnt Put Rosais Complete name "Rosa Lilia Contreias Guildert"	
#Z Add EIN 82-1956474	
#3 Add "Pasa Lilia Contreras Guilbert as a	
manager	
J	
	·
	
	·
E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	uant to 605 0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
	*
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t (b) The 90th day after the record is filed.	he earlier of:
Dated 06-23-2017.	•
· Line	
Signature of a member or authorized representative of a member	
	<i>(</i>)

Page 3 of 3

Filing Fee: \$25.00



Date of this notice: 06-23-2017

Employer Identification Number: 32-1956474

Form: SS-4

Number of this notice: CP 575 G

DEBARY AUTO SALES LLC ROSA LILIA CONTREHAS GUILBERT SOLE 19 LEGION PL DEBARY, FL 32713

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AM EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIM). We assigned you EIN 82-1956474. This EIM will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIM.
- Use this EIM and your name exactly as they appear at the top of this notice on all
 your federal tax forms.
- * Refer to this RIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DEBA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your desperation.