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.

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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

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 Y & K AFFORDABLE AUTO LLC

Certificate of Status	1
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## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
	FORDABLE AUTO LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JANIXA RAMOS	٠.	
		Name of Person	
	DEALER CONSULTING	SERVICES, INC.	
		Firm/Company	
	7537 NW 7TH AVE		
		Address	·
	MIAMI, FL 33150		
		City/State and Zip Code	
	CORPORATIONS@DCSM		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
JANIXA RAMOS		305 758-9001 at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Tallahassec, FL 32301

From: Sandra Perez

Fax: (888) 501-2396

To: 6506176283@refax.con Fav: (850; 617-0382

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y & K AFFORDABLE AUTO LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Compart Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or d	ne 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:		7 AUG 2
(Mailing address MAY BE A POST OFFICE BOX)		<u>()</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>en</u> <u>ere</u> :	the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	KELVIN LOPEZ	17648 NATHANS DRIVE	
		TAMPA, FL 33647	Remove
			☐ Change
MGR	KELVIN A LOPEZ	17648 NATHANS DRIVE	Add
		ТАМРА, FL 33647	■ Remove
			☐ Change
			D Add
			Remove
			Change
			55. S. C.
			Remove
			OR Change
			D Add
			Remove
			☐ Change
-			
			☐ Remove
			Change

Sandra Perez	Fax: (888) 501-2390	To: 8506176383	O@rcfa+.con Fav: ()	350, 617-6383 (((HT/UUU2	Page 8 of 8 ( (21968 3)))	08 <i>1</i> 21 <i>1</i> 2017	11,52 AM	
D. If amer	nding any other informa	ition, enter change	(s) here: <i>(Atta</i>	ch additional sh	eets, if necesso	ary.)		
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Note:	we date, if other than the entire date is listed, the date m If the date inserted in this lent's effective date on the	block does not meet th	he applicable sta	of filing or more that stutory filing requi	(option n 90 days after fil frements, this d	ing.) Purse	mut to 60 ot be lis	)5.020° ited as
If the rec (b) The	ord specifies a delaye 90th day after the re	ed effective date, cord is filed.	but not an e	effective time,	at 12:01 a.r	m. on th	ne earl	ier c
Dated	AUGUST 18	20	17					
		<.						
		Signature of a memb	er or authorized n	presentative of a m	ember			
	YENEY LOPEZ							
	* ****** * ****** *****	Pync	d or printed name	of signee		-		

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Filing Fee: \$25.00