

L17000206417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

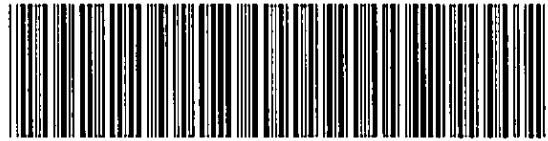
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

04085 corp LLC

Office Use Only



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06/06/18--01018--012 **35.00

2018 JUN 25 AM 8:29
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06/06/18 BY 60321
UCBA/STP/STP/STP/STP/STP

B FIGUEROA

JUN 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2018

ISTHAR ZAPATA
6801 UNIVERSITY BLVD STE 11
WINTER PARK, FL 32792

SUBJECT: DU & I AUTO SALES LLC
Ref. Number: L17000206417

We have received your document for DU & I AUTO SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 818A00012337

RECEIVED
2018 JUN 25 PM 2:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

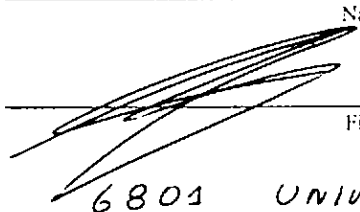
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUBI Auto Sales LLC
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:

DANIEL ORTEGA
Name of Person

DUBI AUTO SALES LLC
Firm/Company
6801 UNIVERSITY Blvd
Address
Winter Park, FL 32792
City/State and Zip Code
dubautosales@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isthar Zepate at (407) 2534365
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DOI Auto Sales 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 _____ and assigned
Florida document number _____.

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 "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

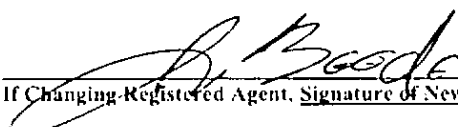
_____, Florida _____

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

MGR = Manager
AMBR = Authorized Member

☐ Change
☐ Add
☐ Remove
☐ Change

2010 JUN 25 AM 8
C:\Program Files\ATI Technologies\ATI.AS\DISK.710

2080 JUN 25 AM 8:29
 001 AHA 5516 FLORIDA

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.

Dated 6/21/18

Signature of a member or authorized representative of a member

DANIEL ORTEGA

Typed or printed name of signee