L17000249435

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Special Instructions to	Filing Officer:	





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COVER LETTER

Divis	sion of Cor	porations		
SUBJECT:	DEALE	R DIRECT WHOLESALE, LI	LC	
SOBJECT		Name of Lim	ited Liability Company	
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	_	
		NEIL W. HOEVENAAR	JR.	
			Name of Person	
			Firm/Company	
			Address	
		ORLANDO, FL 32806		
			•	
		_		-
For further inf	formation co	n:-mail address: (·	ication)
NEIL HOEVI			407 257-9037 at ()_	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a o	check for th	ne following amount:		
■ \$25.00 Fil	ling 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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

DEALER DIRECT WHOLESALE	•				
(Name of the Limit	ted Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L17000249439	iability Company	were filed on12/06/2017	8	and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" or the	he abbrevia	ıtion "L	L.C."
Enter new principal offices address, if applic	able:	42 N NASHVILLE AVE, ORLANI	OO, FL 32	805	
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	1801 LAKE GROVE LANE, ORLA	ANDO, FL	. 3280	6
B. If amending the registered agent and/ registered agent and/or the new registered of			ter the	name	of the new
Name of New Registered Agent:	NEIL HOEVENAAR JR		<u> 2:;. </u>	G	
New Registered Office Address:	42 N NASHVIL			MPR Z	**************************************
	Enter Florida street address ORLANDO Florida			ii Pe	(*************************************
New Registered Agent's Signature, if changing I	Registered Agent:	City	FLORIE ORIE	p.Gode	
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and I d rovided for in Chapter 605, F.S.	am famili Or, if thi	comp iar wit s doci	h and ment is

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
P	NEIL HOEVENAAR JR	42 N NASHVILLE AVE	Add
		ORLANDO, FL 32805	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
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Filing Fee: \$25.00