Division of Corporations
Electronic Filing Cover Sheet

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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 onegemail address please.\*\*

Email Address: CORPORATIONS@DCSMIAMI.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O & L PRESTIGE AUTO SALES, LLC.

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Corporate Filing Menu

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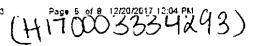
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TO:

Fax: (888) 501-2390

Registration Section

To: 8506176383@rcfax.con Fax: (850) 517-6383



## **COVER LETTER**

Div	ision of Cor	porations			
CUBICAT.		STIGE AUTO SALES, LLC.			
SUBJECT:		Name of Lim	ited Liability Company		
		!			
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Janixa Ramos			
			Name of Limited Liability Company  d fee(s) are submitted for filing.  ting this matter to the following:  Name of Person  Sullting Services, Inc.  Firm/Company  Oth Avenue  Address  33150  City/State and Zip Code  s@desmiami.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (		
		Dealer Consulting Service	s, Inc.		
	7537 NW 7th Avenue				
			Address	<del></del>	
		Miami, FL 33150			
			•		
		Corporations@desmiami.co		ontion)	
		l ·	****	canon	
For further i	nformation o	oncerning this matter, please co	A(I):		
Janixa Ram	os		at ( )		
	Name o	f Person	Area Code Daytime	Daytime Telephone Number    \$60.00 Filing Fee,   Certificate of Status & Certified Copy	
Enclosed is	a check for th	ne following amount:			
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
	B4 A T7 1	ING A PROCESS	CENTINAL COLUMN	UD A DODDEC	

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

O & L PRESTIGE AUTO SALES	, LLC.			
(Name of the Lim	ted Liability Company (A Florida Limited Liab	as it now appears on our reco illity Company)	<u>rds.</u> )	
The Articles of Organization for this Limited L	iability Company wo	ere filed on 12/14/2017	and assigned	
Florida document number L17000255565				
This amendment is submitted to amend the following	lowing:	<b>i</b> , !		
A. If amending name, enter the new name of	of the limited liabilit	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LI	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	cable: _			
(Principal office address MUST BE A STREE	ET ADDRESS)	**		
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE)	-		17 OEC 20 CH	
B. If amending the registered agent and registered agent and/or the new registered of	or registered offic ffice address here:	e address on our recor	ds, enter the name of the new	
Name of New Registered Agent:	OBED BERNARI	)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	2121 NW 139 ST	BAY 07		
	Enter Florida street address			
	OPA LOCKA	ī	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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3



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
MGR	BERNARD, OBED	2121 NW 139 ST BAY 07	
		OPA LOCKA, FL 33054	□ Remove
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			☐ Change

ındra Perez	Fax: (888) 501-2390	To: 8506176383@rcfav.com Fax; (850) 617-638	3 (HIPOUNDS	2/20/2017 000	12:04 PI	13)
D. If ame	nding any other informati	ion, enter change(s) here: (Attach additio				
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E. Effectiv	ve date, if other than the d	late of filing:	(optional	)		
Note:	If the date inserted in this bloc	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	ire than 90 days after filing prequirements, this date	e will not	nt to 60 t be list	5.0207 (3 ted as th
docume	ent's effective date on the Dep	partment of State's records.				
f the rec	ord specifies a delayed	effective date, but not an effective ti	me, at 12:01 a.m.	on the	e earli	ier of:
b) The	90th day after the reco	rd is filed.				
Dated	December 15	2017				
isaled_	:	610				
	· · · · · · · · · · · · · · · · · · ·	ignature of a member or authorized representative	ot a member			
			. ,			
	OBED BERNARD	Typed or printed name of signee				

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Filing Fee: \$25.00