

L17000260694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

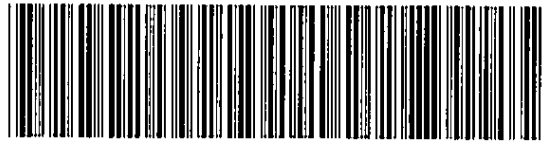
(Business Entity Name)

(Document Number)

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STATE TALKY OF STATE
FALLAHASSEE, FLORIDA

AUG 27 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCS CAPITAL GROUP 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:

DALE O'CONNOR

Name of Person

Firm/Company

9723 WHITE BARN WAY

Address

RIVERVIEW FLORIDA 33569

City/State and Zip Code

DALEOCONNOR2@GMAIL.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

DALE O'CONNOR

813

863-5785

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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

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**

OCS CAPITAL GROUP 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 12/22/2017 and assigned
Florida document number 117000260694.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOC'S AUTO BROKERS LLC

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)

12612 N NEBRASKA AVE

TAMPA FL

33612

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

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>	<u>Type of Action</u>
MGR	FABIAN O'CONNOR	9723 WHITE BARN WAY	<input checked="" type="checkbox"/> Add
		RIVERVIEW FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHANE O'CONNOR	9723 WHITE BARN WAY	<input checked="" type="checkbox"/> Add
		RIVERVIEW FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAPHNE O'CONNOR	9723 WHITE BARN WAY	<input checked="" type="checkbox"/> Add
		RIVERVIEW FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 18 AUG 22 AM 7:30
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 TALLAHASSEE, FLORIDA

18 AUG 22 AM 11:00
SUPERINTENDENT OF STATE
TALLAHASSEE, FLORIDA

18 AUG 22 AM 7:30
SECURITY FILE
SEATTLE, WASH
ALLAHABAD, INDIA

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(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.) Pursuant to 605.0207 (3)(b)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee