

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FILED  
18 APR 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2018 APR 17 PM 4:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
AFFAIRS, FLORIDA

1/1

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALLIANCE AUTO, 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:

**PAULA RAMIREZ**

Name of Person

**DEALER CONSULTING SERVICES INC.**

Firm/Company

**7537 NW 7 AVE**

Address

**MIAMI, FL 33150**

City/State and Zip Code

**CORPORATIONS@DCSMIAMI.COM**

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

For further information concerning this matter, please call:

**PAULA RAMIREZ**

305 753-9001

Name of Person

at ( )

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

ALLIANCE AUTO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 APR 17 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/2018 and assigned  
Florida document number L18000070331

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 "LLC."

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

City

Florida

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	DRAGONE, SILVANA	92 SW 3RD ST UNIT 1610	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TABORDA, LEONARDO	92 SW 3RD ST UNIT 1610	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARTA TIRADO, JOSE LEONARDO	92 SW 3RD ST UNIT 1610	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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APR 17 2018  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
APR 17 AM 10:00  
18  
SECRETARY OF STATE  
TREASURY

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 APRIL 17 2018

Signature of a member or authorized representative of a member

JOSE LEONARDO CARTA TRADO

Typed or printed name of signee