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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: DCG	MOTORS LL Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Priscille	Q GONZOICZ Name of Person	
	Fierce	CONSULTING Finn/Company	Miami
	7735 NW 1	194th St Bay 7	
	MIAMILEU FIERCE CUY	City/State and Zip Code SULTING MICHAEL So be used for future annual report notiff	and I, COM
For further information con	ncerning this matter, please ca	\mathcal{J}	9
Prigo III	GONZAICZ Person	at (305) 998-6 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:STREET/COURIER ADDRESS:Registration SectionRegistration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LISOOOIOQAIA</u> .	were filed on <u>5</u> 01 18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4051 SW 51 st st BON 804 DOVIC FL 33314	SECHE IN OUR OF THE PROPERTY O
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	41051 SW 515t St BOY 804 DUVIE FL 33314	ILEU SIATE CORPURATION
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Cuy	гір Сове

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Fernando N	14011 HORPERS FERRY S	Add
	CIOVIJO	Davle, Fl 33325	Remove
			Change
MGR	Fernando V	14011 Harpers Femy 9	+ XAda
	Clavijo	Davie, FL 33325	Remove
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ective date, if other the effective date is listed, the te: If the date inserted in tument's effective date of	date must be specific and not this block does not m	cannot be prior to dat eet the applicable s				
record specifies a d he 90th day after t	elayed effective do he record is filed.	ate, but not an	effective time, a	at 12:01 a.m. or	the earl	ier o
ed MOV 22		2018				

Page 3 of 3

Filing Fee: \$25.00