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| | Division of Co Fax Mumber | rporations ; (850)617-6383 | 2918 C |
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| From: | | | DEC. |
| | Account Name | : DEALER CONSULTING SERVICES, INC. : 128010000121 | 28 28 |
| | Phone | : (305)758-9801 | |
| | Fax Number | : (888)501-2399 | AA AA |
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| Enter : | the email address | s for this business entity to be used for | <u>, Se y</u> |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUTO SMART LLC

| Certificate of Status | 0 |
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EXAMINER

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COVER LETTER

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| TO: Registration Division of (| i Section Corporations | | • | | | |
|--------------------------------|---|---|--|-------------------|----------|-------|
| SUBJECT: AUTO S | SMART LLC | | | | | |
| | Name of | limited Liability Company | | | | |
| | of Amendment and fee(s) are s | | | | | |
| an contes | pondence concerning this mut NASTASSIA TULIN | er to the following: | | | | |
| | DEALER CONSULTIN | Name of Person | | | | |
| Firm/Company 7537 NW 7TH AVE | | | | | | |
| | MIAMI, FL 33150 | Address | | una ma muni | 2018 DEC | ٠ |
| | CORPORATIONS@DCS | | | | C 28 | · · · |
| For further information of | E-mail address: concerning this matter, please | (to be used for future annual report notificall; | ication) | OF STA | AM 8: | T |
| NASTASSIA TULIN | | 305 758-9001 | | | ဍ | |
| Name (| C Person | Area Code Daydine | Telephone Number | _ | | - |
| Enclosed is a check for the | he following amount: | | | | | |
| S25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 560.00 Filing I Certificate of Certified Copy (additional copy) | Status & | | |

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 Taliahassee, FL 32301

From: Sandra Parez

Fax: 18865012399

T6: '8506176340@rcfax.com' Fex: (650) 617-8280

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Zip Code

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AUTO SMART LLC | | | | | |
|---|--|--|--|------------------|----------|
| (Name of the L | imited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | . | | |
| The Articles of Organization for this Limite Florida document number L18000233133 | | | a: | nd assig | gned |
| This amendment is submitted to amend the f | following: | | | | |
| A. If amending name, enter the new nam | e of the limited liability company her | Tr: | | | |
| The new name must be distinguishable and contain the Enter new principal offices address, if appropriate address MUST BE A STREET NEW mailing address, if applicable: | elicable: EET ADDRESS) | ignation "LLC" or the r | bbeviatio | on "L.L. | C." |
| (Mailing address MAY BE A POST OFFIC | E BOX) | | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | d/or registered office address on o | ur records, <u>enter</u> | the man | 2018 UEC 2 | the new |
| Name of New Registered Agent: | CARLOS EMILIO ALESSON OTA | MENDI | 23.85 23.85 24.85 | ω Α | i Fil |
| New Registered Office Address: | 3837 PEMBROKE ROAD | | 1.04 1.04 1.04 1.04 1.04 1.04 1.04 1.04 | <u>-</u> ≩ 8: | |
| | Enter Florida . HOLLYWOOD | street address , Florida ³³⁰ | SIA SIA DX | <u></u> | |

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

| MGR = 1 AMBR = 1 | Manager Authorized Member | | (1H18000310104510 3 |
|---------------------|------------------------------|---|-----------------------|
| Title | Name | <u>Address</u> | To |
| MGR | CARLOS F ETCHEVERS | 3837 PEMBROKE ROAD HOLLYWOOD, FL 33021 | Type of Action □ Add |
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| . If amending any other information, | enter change(s) here: : ,acoo11e3ao@iciax.com, | (Attach additional sheets. | if necessary) | 12/28/20 |)18 4:21 PM |
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| Signature of | a member or authorized n | presentative of a member | | | |
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