Division of Corporations **Electronic Filing Cover Sheet**

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To:

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From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : 120010000121 : (305)758-9001 Phone Fax Number : (888)501-2390

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HORACE AUTOS LLC

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Corporate Filing Menu

Help

From, Sandra Perez

Fax: (888) 501-2390

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ARTICLES OF ORGANIZATE AHASSEE. FL

HORACE AUTOS LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000249476</u>	ompany were filed on 10/23/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ecords, enter the name of the new
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

From; Sandra Perez

Faic (888) 501-2390

To: '8508176380@rctax.co; Fax: (850) 617-6380



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>	Address	Type of Action
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			Remove
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