

From: Sandra Perez
12/5/2018

Fax: 18885012390

To: '8586174280@fax.com' Fax: (858) 617-6383
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H180003457583ABC8

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To:

Division of Corporations
Fax Number : (858)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : 120010000121
Phone : (305)758-9001
Fax Number : (888)501-2390

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2018 DEC -5 AM 9:47
DIVISION OF STATE
TALLAHASSEE, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HALLE SELLASIE THEOCRACY GOVERMENT CAR DEALER LLC

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EXAMINER

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(H180003457583)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAILE SELLASIE THEOCRACY GOVERNMENT CAR DEALER 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:

NASTASSJA TULIN

Name of Person

DEALER CONSULTING SERVICES

Firm/Company

7537 NW 37TH 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:

NASTASSJA TULIN

at (305) 758-9001

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

2018 DEC -5 AM 9:47
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(H18000345753)

HAILE SELASIE THEOCRACY GOVERNMENT CAR DEALER 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 11/26/2018 and assigned Florida document number L18000272966.

This amendment is submitted to amend the following:

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

HAILE SELASIE THEOCRACY GOVERNMENT CAR DEALER 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)

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

(H 18000345 158 3))

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2018 DEC -5 AM 9:44
FAX OF
HARDEN, R
ORID

12/05/2018 12:08 PM
((H18000571 150 3))

[illegible]

(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)

(b) The 90th day after the record is filed.

Dated NOVEMBER 30TH 2018

Signature of a member or authorized representative of a member

RAFION R. THOMAS

Typed or printed name of signee

2016 DEC -5 AM 9:47
FLORIDA
STATE
LABORATORY

