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To:

Division of Corporations

Pax Number

: (850)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: _____

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OLI EL AUTO BROKER, LLC	

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JUN 2 4 2019

COVER LETTER

	egistration Selivision of Corp			
CUDIEC		Broker, LLC		
SUBJECT	· ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Nastassja Tulin		
		 	Name of Person	·
		Dealer Consulting Service	s	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		7537 NW 7th Avenue		
			Address	
		Miami, FL 33150	·	
			City/State and Zip Code	
		Corporations@dcs-network	:.com	
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please of	all:	
Nastassja	Tulin		305 758-9001 at()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy)

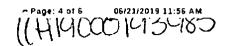
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: '8506176380@rctax.com' Fax: (850) 617-6380



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

ility Company as it now appears on our records.) Ida Limited Liability Company)	
Company were filed on 03/21/2019 ar	nd assigned
mited liability company here:	
imited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
<u> </u>	
DRESS)	
gistered office address on our records, enter the na ldress here:	ame of the ne
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Enter Florida street address	
Florida	
red Agent:	
at and agree to act in this capacity. I further agree to complete performance of my duties, and I am familia agent as provided for in Chapter 605, F.S. Or, if this red office address, I hereby confirm that the limited lie.	r with and document is
	istered office address on our records, enter the nedress here: Enter Florida street address City Enter Florida street address and agree to act in this capacity. I further agree to a complete performance of my duties, and I am familia agent as provided for in Chapter 605, F.S. Or, if this red office address, I hereby confirm that the limited li

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

Fax: 18885012390

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juan Luis Mantilla	13876 SW 56TH STREET #281 MIAMI, FL 33175	
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			■ Change
			
			Remove
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			TH 6
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			Change
			D Add
			Remove
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			D Add
			Remove
			[7] Charres

	Signature, of a member or authorized repre	sentative of a member	
Dated May 07	, 2019	:	
the record specifies a dop.) The 90th day after t	elayed effective date, but not an effe he record is filed.	ctive time, at 12:01 a.m. on the	e earlier of:
 Note: If the date inserted in 	tan the date of filing: date must be specific and cannot be prior to date of fi in this block does not meet the applicable statut in the Department of State's records.	ling or more than 90 days after filing.) Pursua ory filing requirements, this date will no	nt to 605.0207 (3 t be listed as the
. Effective date, if other th	on the date of filing:	(optional)	
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Typed or printed name of signee

Filing Fee: \$25.00