L19000188271 3

H19000188271 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000188271 3)))

FILED
2019 JUN 17 A 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTINC SERVICES, INC.
Account Number : I20010000121
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: _____

RECEIVED
2019 JUN 17 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TEAM AUTO BROKERS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$30.00

D SCOTT

JUN 18 2019

Electronic Filing Menu Corporate Filing Menu Help

DocuSign Envelope ID: FFA08508-EE4D-463F-AB7E-B751C74D93FC

((H19000188271 3))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM AUTO BROKERS 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 7th Ave
Address

Miami, FL 33150
City/State and Zip Code

corporations@dcs-network.com
E-mail address: (to be used for future annual report notification)

FILED
2019 JUN 17 A 9:19
TALLAHASSEE, FLORIDA

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
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H19000188271 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM AUTO BROKERS 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 04/12/2019 and assigned Florida document number L19000101693.

This amendment is submitted to amend the following:

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

TEAM AUTO BROKERS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

FILED

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

(H19000188713)

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

Title	Name	Address	Type of Action
MGR	ZUYITSA DIAZ	10600 S GARDENS DRIVE 102 PALM BEACH GARDENS FL 33418	☒ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

FILED
JUN 18 2019
TALLAHASSEE, FLORIDA

((H19000188211 3))

DocuSign Envelope ID: FFAC8508-EE4D-463F-AB7E-B751C74D63FC

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

2019 JUN 17 A 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _______________ **(optional)**

(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)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 14, 2019.

DocuSigned by: Zuyitsa Diaz
2062E81D31...

Signature of a member or authorized representative of a member

ZUYITSA DIAZ - MANAGER

Typed or printed name of signee

Filing Fee: $25.00