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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	UTO SALES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEXANDRE J CORDEIR	O DA SILVA	
	DTA AUTO SALES LLC	Name of Person	
		Firm/Company	
	5295 SOUTH ORANGE BI	LOSSOM TRAIL	
	ORLANDO, FL 32839	Address	,
	F35330077@GMAIL.COM	City/State and Zip Code	
For forther information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
ALEXANDRE J COR	-	407 227.3882 at ()	
Name	of Person	Area Code Daytim	te Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clitton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u>≥</u> 19
	O SALES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	7 T
The Articles of Organization for this Limited Liability Company Florida document numberL19000107547 This amendment is submitted to amend the following:	were filed on <u>04/19/2019</u>	Land assigned 10
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5295 SOUTH ORANGE BLOSS	OM TRAIL
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32839	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	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

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>	Type of Action
MGR	SANDRO A. GONCALVES DA SILVA	10176 HARTFORD MAROON RD ORLANDO, FL 32827	■ Add
			□ Remove
			Change
			□ Remove
			□ Change
			D Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change

D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
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_	
	
	09/13/2019
Note: If the	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	SEPTERIBEL N3. 2019.
-	Signature of a member or authorized representative of a member
,	ALEXANDRE J CORDEJRO DA SILVÁ

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00