

L2000000 6989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

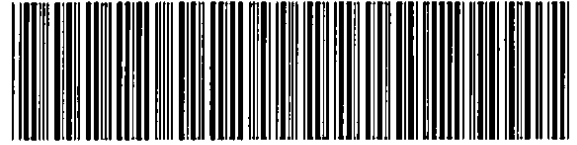
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rtc email from Mr.  
Gonzales on 3/26/20 with  
corrections to Amendment

8

Office Use Only



400340387744 ✓

02/07/20--01015--004 \*\*25.00

S TALLENT

MAR 26 2020

2020 MAR 26 AM 11:51

Hand



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2020

DAMIAN GONZALEZ.SR  
DVG AUTO SALES  
3750 SW 94TH AVE  
MIAMI, FL 33165

SUBJECT: DVG AUTO SALES.LLC  
Ref. Number: L20000006989

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IF THE ENTITY NAME IS NOT CHANGING, PLEASE REMOVE IT FROM LETTER A.

OWNER IS NOT AN ACCEPTABLE TITLE FOR A AUTHORIZED PERSON. SEE TITLES LISTED ON THE TOP OF THE PAGE. MAKE ALL CHANGES ON THIS PAGE.

THE PRINTOUT SHOWS DAMIAN GONZALEZ SR ALREADY LISTED AS A MANAGER. YOU MAY REMOVE HIM OFF OF THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 120A00004857

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DVG AUTO SALES  
\_\_\_\_\_  
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:

DAMIAN GONZALEZ, SR  
\_\_\_\_\_  
Name of Person  
  
DVG AUTO SALES  
\_\_\_\_\_  
Firm/Company  
  
3750 SW 94TH AVE  
\_\_\_\_\_  
Address  
  
MIAMI FLORIDA 33165  
\_\_\_\_\_  
City/State and Zip Code  
  
DVG.AUTOSALES@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAMIAN GONZALEZ                      305                      988-1486  
\_\_\_\_\_  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

DVG AUTO SALES.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 12/30/2019 and assigned  
Florida document number L20000006989

This amendment is submitted to amend the following:

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

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)

2020 MAR 26 AM 11:51

**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:

OSEJO, INDIRA M

New Registered Office Address:

3750 SW 94TH AVE

*Enter Florida street address*

MIAMI

*City*

Florida 33165

*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>	<u>Type of Action</u>
MGR	INDIRA MARILEN OSEJO	3750 SW 94TH AVE MIAMI, FL 33165 UN	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAMIAN LENIER GONZALEZ S	3750 SW 94TH AVE MIAMI, FL 33165 UN	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAMIAN LENIER GONZALEZ	3750 SW 94TH AVE MIAMI; FL 33165 UN	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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)

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 3/24/2020

Signature of a member or authorized representative of a member

Damian Lenier Gonzalez

Typed or printed name of signee

**Filing Fee: \$25.00**