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5/28/2020

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Division of Corporations



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.

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To:						
	Division of Corporations					
	Fax Number : (850)617	-6383				
From:						
	Account Name : DEALER C		SERVICES,	INC.		
	Account Number : I2001000					
	Phone : (305)758 Fax Number : (786)410					
	rax number : (100)410	-0033			•	020
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COVER LETTER

TO: Registration Section[‡] Division of Corporations

360 AUTO SALES LLC

SUBJECT:

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:

SANDRA PEREZ

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7 AVENUE

Address

MIAMI, FLORIDA 33150

City/State and Zip Code

CORPORATIONS@DCS-NETWORK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA PEREZ	305	758-9001
	at () _	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDI TO	MENT 2020 HAY 29 AH 11:06
ARTICLES OF ORGANIZ OF	LATION
360 AUTO SALES LLC (Name of the Limited Liability Company as it now as	ppears on our records.)
(A Florida Limited Liability Company The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L20000039483</u> .	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability compar</u>	<u>iv here</u> :
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 MAX BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
	, Florida
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

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litte	Name	Address	Type of Action
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		HIALEAH, FL 33018	CRemove
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ocument's effective date of	on the Departme	nt of State's recon	is.		
record specifies a delayed d is filed.	effective date, b	ut not an effective	time, at 12:01 a.m.	on the earlier of: (I	b) The 90th day after th
MAY 28		2020	·		
Oesvilighed by:					

JOYCE M. GARCIA

Typed or printed name of signee