

5/25/2020

Division of Corporations

L20000123111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000155507 3)))



H200001555073ABCZ

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To:

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

From:

Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : I20010000121
Phone : (305)758-9001
Fax Number : (786)410-6035

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AUTO EXHIBIT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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2020 MAY 26 AM 7:39

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Corporate Filing Menu

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MAY 27 2020

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUTO EXHIBIT LLC

Name of Limited Liability Company

H200001555073

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:

☒ \$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 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

11/200001555073

2020 MAY 11:26

AUTO EXHIBIT 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 MAY 6, 2020 and assigned
Florida document number L20000123111.

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)

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

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11 1/200001555073
11 When adding Authorized person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

2020 MAY 26 AM 11:26

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARTURO MARTINEZ	165 STATE STREET, SUITE 8	<input type="checkbox"/> Add
		HACKENSACK, NJ 07601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LEO A. MARTINEZ	5801-B RODMAN STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33023	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

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)

Note: 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 MAY 21, 2020

-DocuSigned by:

LEO A MARTINEZ

~~7062-12057-4-00~~

Signature of a member or authorized representative of a member

LEO A. MARTINEZ

Typed or printed name of signee

Filing Fee: \$25.00