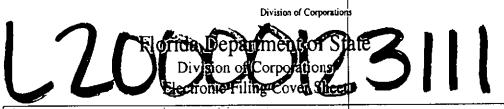
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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : DEALBR CONSULTING SERVICES, INC.

Account Number : I20010000121
Phone : (305)758-9001
Fax Number : (786)410-6035

120010000121

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
LEO MARTINEZ AUTO GROUP LLC

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	(COVER LETTE	ER		
TO: Registration So Division of Co					
	TINEZ AUTO GROUP LLC		}		
SUBJECT:	Name of Limi	ted Liability Company			
	Amendment and fee(s) are subtondence concerning this matter to				
		Name of Person			
DEALER CONSULTING SERVICES INC.					
					
		Address			
	MIAMI, FL 33150				
		City/State and Zip Code	e		
	CORPORATIONS@DCS-N	IETWORK.COM o be used for future annua	a report noti	(fication)	
For further information (concerning this matter, please ca		,	,	
CYANI MENDEZ		58-9001			
Name o	of Person	at () _ Area Code	Daytim	ne Telephone Number	
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Regist Divisi The C 2415 I	entre of	rporations Fallahassee se Street, Suite 810	

Nov 30, 2021 16:47 (UTC-05)

OF	7		KY C	30	!
LEO MARTINEZ AUTO GROUP LLC			FE'S	PH I	(
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on o ability Company)	ur records.)	RID/	PH 12: 51	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>05/06/20</u>	20	_and assign	ed	
Florida document number L20000123111					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
AUTO EXHIBIT LLC					
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	tion "LLC" or the abbrev	viation "L.I.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 as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our record	ls, enter the name o	f the new re	egister	<u>ed</u>
New Registered Office Address:					
	Enter Florida str	ees address			
		, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Clry		Zip Code		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a rovided for in Chapt	luties, and I am fan ter 605, F.S. Or, if t	niliar with a this docume	ind	he

If Changing Registered Agent, Signature of New Registered Agent

H21000 4372803

_____ Change

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(If an effect <u>Note:</u> If	e date, if other than the date is listed, the date is listed, the date interest in this it's effective date on the	must be specific a block does not	and cannot be prior to t meet the applicab	date of filing or more tile statutory filing re	(option than 90 days after fi quirements, this o	ling.) Pursuant to 60	05.0207 (3 sted as th	i)(b) ie
If the record : record is filed	specifies a delayed effe l.	ctive date, but n	ot an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day aft		
Dated	OVEMBER 30		2021	<u>.</u> .		ALL AH	2021 NOV 30	
	Docustioned by:					HASSE	⊃γ 3(-
	#7A2129695964C5	Signature of	a member or authori	zed representative of	member	ير ند ژ.رئ) P#	
	LEO A. MARTINEZ	, MANAGER	Timed as existed	name of sizes		STAT) PH 12: 51	_
			Typed or printed	name of signee		IDA	5	

Filing Fee: \$25.00

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