## 12000239018

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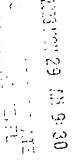
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## COVER LETTER

Division of Cor			•	
DC AUTO	MOVERS, LLC.	••		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PEDRAZA, DIEGO			
		Name of Person		
	DC AUTO MOVERS, LL	C.		
	<del> </del>	Firm/Company		
	4700 NW 84 AVE UNIT 1	4		
		Address		
	ĐORAL, FL 33166			
	•	City/State and Zip Code	<del></del>	
	DIEGOZIP70@HOTMAIL			
	E-mail address: (	to be used for future annual report notif		
For further information of	concerning this matter, please co	all:	2023	
PEDRAZA, DIEGO		786 797-0110	2023 807	-
Name o	of Person	Area Code Daytime	: Telephone Number	: 1
Enclosed is a check for the	he following amount:		13 9: 3: 15 FL	زن
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DC AUTO MOVERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limit	ed Liability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000239018</u> .	any were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
Muning address MAT DE ATOST OFFICE BOAY	•	23
B. If amending the registered agent and/or registered office	ce address on our records, <u>ente</u>	
agent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·
		the to
Name of New Registered Agent:		
New Registered Office Address:		100
	Enter Florida street addre	255
		lorida Zip Code
	Ciny.	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 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>	Address	Type of Action
AMBR	LINARES, EDNA CRISTINA	4700 NW 84 AVE UNIT 14	<b>≅</b> Add
		DORAL, FL 33166	□Remove
			□Change
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tive date is listed, the date must be specific at f the date inserted in this block does not nt's effective date on the Department of	f IDEC fair abbureance seems.)	g or more than 90 days after in y filing requirements, this o	late will not be listed as
specifies a delayed effective date, but n	not an effective time, at 12:01	a.m. on the earlier of; (b)	The 90th day after the
	2023		
NOVEMBER, 22ND			
IOVEMBER, 22ND		<i>)</i> }	
	f a member or authorized repress	ntative of a member	
	a member or authorized represe	ntative of p member	
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Filing Fee: \$25.00