

L 200000319948

Florida Department of State
Division of Corporations
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(((H200004152863)))



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To:

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

From:

Account Name : DEALER CONSULTING SERVICES, INC.
Account Number : 120010000121
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: CORPORATIONS@DCS-NETWORK.COM

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

BLACK LABEL AUTO SALE LLC

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DEC 04, 2020

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COVER LETTER

(((H20000415286 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: BLACK LABEL AUTO SALE LLC

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:

BIBI HURTADO

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 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:

BIBI HURTADO

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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DocuSign Envelope ID: 198D83B1-59AE-4489-98FA-4BF3A495D2E6

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

((H20000415286 3)))

BLACK LABEL AUTO SALE 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 10/09/2020 and assigned
Florida document number L20000319948.

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:

JAVIER ANTONIO LAZO

New Registered Office Address:

18111 NW 82ND CT

Enter Florida street address

HIALEAH,

Florida 33015

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.

DocuSigned by:

Javier Antonio Lazo

If Changing Registered Agent, Signature of New Registered Agent

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DocuSign Envelope ID: 198083B1-59AE-4489-98FA-4BF3A495D2E6

if naming Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAVIER ANTONIO LAZO	18111 NW 82ND CT	<input type="checkbox"/> Add
		HIALEAH, FL 33015	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	EDUARDO SANCHEZ SR	18111 NW 82ND CT	<input type="checkbox"/> Add
		HIALEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Filing Fee: \$25.00