

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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I    I    Account Number : 120010000121    I      I    I    Phone    : (305)758-9001      I    I    Fax Number : (786)410-6035    I			To:			
From: Account Name : DEALER CONSULTING SERVICES, INC. Account Number : 120010000121 Phone : (305)758-9001 Fax Number : (786)410-6035				Division of Co		
Account Name : DEALER CONSULTING SERVICES, INC. Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035				Fax Number	: (850)617-6383	
Account NameDEALER CONSULTING SERVICES, INC.IIIAccount NumberIIIPhoneIIFax Number: (786)410-6035						
Account Name : DEALER CONSULTING SERVICES, INC. Account Number : 120010000121		5	From:			
Phone  : (305)758-9001	-}	 • • • •	1 1 0 11 1	Account Name	: DEALER CONSULTING	SERVICES, INC.
Phone  : (305)758-9001	1			Account Number	: : 120010000121	1
Fax Number : (786)410-6035		( <u></u>		Phone	: (305)758-9001	<b>*</b> . <sup>*</sup>
		- <u>-</u> + 1		Fax Number		
						<b>F</b> .)

Email Address: CORPORATIONS@DCS-NETWORK.COM

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

**BLACK LABEL AUTO SALE LLC** 

وجريب والمراجعين الأراد المتكربة بالتبارية بمجروب والمتكري المتراجع والمراجع والمراجع والمراجع والمراجع والمراج	
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**COVER LETTER** 

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#### TO: **Registration Section Division of Corporations**

BLACK LABEL AUTO SALE 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:

**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@D		
E-mail addr	CEC	
For further information concerning this matter, plea	ase call:	1
BIBI HURTADO	305 758-9001 at ( )	
Name of Person	Area Code Daytime Telephone Number	5)

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) 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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BLACK LABEL AUTO SALE LLC			
( <u>Name of the Limite</u>	d Liability Company as A Florida Limited Liabi	it now appears on our record ity Company)	<u>is.</u> )
The Articles of Organization for this Limited Liz Florida document number <u>L20000319948</u>		e filed on 10/09/2020	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ıble:	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE )	<u>30x)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office add: <u>s here</u> :	ress on our records, <u>ente</u>	·ب ر
Name of New Registered Agent:	JAVIER ANTONIC	DLAZO	
New Registered Office Address:	18111 NW 82ND C		
		Enter Florida street addre	35
	HIALEAH.	, F	lorida <u>33015</u>
		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.

Jamer Antonio Lazo If Changing Registered Agent Shenanire of New Registered Agent

MGR = Manager

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DocuSion Envelope ID: 198083B1-59AE-4489-98FA-4BF3A495D2E6 IT amenoing Authorized renson(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## AMBR = Authorized Member **Type of Action** Address Title Name 18111 NW 82ND CT MGR JAVIER ANTONIO LAZO □Add HIALEAH, FL 33015 DRemove **E**Change 18111 NW 82ND CT EDUARDO SANCHEZ SR AP Add HIALEAH, FL 33015 Remove \_\_\_\_\_ DAdd \_\_\_\_\_ 🛛 Remove \_\_\_\_ Change D.Add Remove Change DAdd CRemove DAdd \_\_\_\_\_ []Remove Change

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Dec 04, 2020 15:22 (UTC-05) From: +17864106035 (DCS) Θ

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

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ffective d	ate, if other than the date of	filing:		(optiona	l)
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record spe d is filed	cifies a delayed effective date, b	at not an effective time	, at 12:01 a.m. on th	e earlier of (b)	The 90th day after the
Inted	DECEMBER 3RD	2020			
Dated	Door, Rissond bur				
	DocuSigned by:				
	Annie to Antania Lana				
-	Janier Antonio Lazo 99039944018844F. Signatur	of a member or authoriz	ed representative of a	member	
-	JAVIER ANTONIO LAZO	e of a member or authoriz	ed representative of a	member	

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