from: +17864106035 (DCS)

4/23/2022

Division of Corporations

Florida Departmen

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

ö'n

Account Name : DEALER CONSULTING SERVICES, INC.

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

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

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DocuSign Envelope ID: DBDD4595-B47E-4998-8D80-D0C1BA205D0C CÖVÉR LETTER (((H220001476423))) TO: Registration Section **Division of Corporations** CARYOULLC 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: CYANI MENDEZ Name of Person DEALER CONSULTING SERVICES, INC. Firm/Company 7537 NW 7TH AVENUE 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: 758-9001 CYANI MENDEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ☑ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000147642 3)))

To: +18506176383

CARYOU LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000350580</u>	were filed on 11/04/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
MDDP BUSINESS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Trincipal office dualess prost be A STREET NO DESCOOL		-
		<u> </u>
Enter new mailing address, if applicable:		- ; - ; :
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		26
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
		\frac{1}{2} \frac\
Name of New Registered Agent:		
New Registered Office Address:		7 600 7 600
New Registers Office / Mail 853.	Enter Florida street address	2
	. Florida	
	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.

From: +17864106035 (DCS)

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It amenuing Authorized rerson(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>	<u>Address</u>	Type of Action
			DAdd
			□Remove
			☐ Change
			DAdd
			□Remove
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