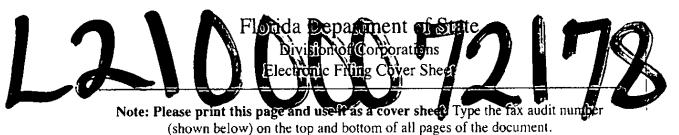
Division of Corporations



(((H21000074336 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

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. **

Rma i	.1	Address	:
DMM 1		VOOT ABB	٠

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M. SOLOMON

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COVER LETTER

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		COVERDO	TIEN		
TO: Registration ! Division of C					
	UCKS TO GO LLC				
SUBJECT:	-	lame of Limited Liab	ility Company	1	
	nt of Correction and fee(s) a spondence concerning this n				
BIBI HURTADO					
	Name of Person		-		
DEALER CONSULT	TING SERVICES, INC.				
	Firm/Company		-	;	2021
7537 NW 7TH AVE					2021 FEB
<u> </u>	Address		-	· 3学	23
MIAMI, FL 33150			_	"မ မ	-7
	City/State and Zip Code				<u>-</u> :
	DCS-NETWORK.COM	· · · · · · · · · · · · · · · · · · ·	-		9
E-mail address:	(to be used for future annua	report notification)			
For further information	on concerning this matter, pl	case call:			
BIBI HURTADO		305 at (758-9001		
Nar	ne of Person	Area Code	Daytime Telephone Number		
P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check	for the following amount:				
篇\$25 Filing Fee	S30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

DocuSign Envelope ID: C80D4E8D-5A17-42E9-B80A-AF9A6E26E7E7

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STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	· · · · · · · · · · · · · · · · · · ·	_	d to correct a previously filed document. OGO LLC	
FIRST	: The name of the limited liabi	lity company is:		
SECON THIRE			ity company is: L21000072178 GANIZATION	<u> </u>
	(CHECK THE APPRO	OPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT	
×	statement are as follows:	ent. The incorrect statement,	he reason the statement is incorrect, and the cor	теcted
	ALEX S. ORTIZ USED INCORRECT MIDDLE	E INITIAI		
	ALEX B. ORTIZ			2021
	OR			FEB 2
		manner in which the docume	nt was defectively signed and the appropriate of	orrection are
	OR			
	The electronic transmission of	of the record was defective.		
	Signature of Author	orized Representative	Date	
	_	·	ing the registered agent, the new registered agen	nt must sign
I hereb provisi obligat reflect	ons of all statutes relative to the	egistered agent and agree to a he proper and complete perfo ed agent as provided for in C)	l accept the led to merely