

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H21000139671 3)))



H210001396713ABC7

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## 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

2021 APR -9 AM 10:29

1 EL

**\*\*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  
DIVE AUTOHOUSE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

APR -9 2021

M. SOLOMON

2021 APR -9 AM 10:26  
RECEIVED

## COVER LETTER

(((H21000139671 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: DIVE AUTOHOUSE 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

(((H21000139671 3)))

DocuSign Envelope ID: 6D1170F2-77B2-4C0D-84B8-5F750D621E02

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000139671 3)))

DIVE AUTOHOUSE 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 03/17/2021 and assigned  
Florida document number L21 000125949.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DRIVE AUTOHOUSE LLC

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:

New Registered Office Address:

Enter Florida street address

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.*

If Changing Registered Agent, Signature of New Registered Agent

(((H21000139671 3)))

DocuSign Envelope ID: 6D1170F2-77B2-4C0D-84B8-5F750D621E02

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

(((H21000139671 3)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>           | <u>Type of Action</u>                   |
|--------------|--------------|--------------------------|---|
| MGR          | DANIEL VORON | 480 NE 31ST ST UNIT 1007 | <input checked="" type="checkbox"/> Add |
|              |              | MIAMI, FL 33137          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |
|              |              |                          | <input type="checkbox"/> Add            |
|              |              |                          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |
|              |              |                          | <input type="checkbox"/> Add            |
|              |              |                          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |
|              |              |                          | <input type="checkbox"/> Add            |
|              |              |                          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |
|              |              |                          | <input type="checkbox"/> Add            |
|              |              |                          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |
|              |              |                          | <input type="checkbox"/> Add            |
|              |              |                          | <input type="checkbox"/> Remove         |
|              |              |                          | <input type="checkbox"/> Change         |

2021 APR - 8 AM 10:29

11:50

(((H21000139671 3)))

((H21000139671 3)))

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

10

2021 APR-8 AM 10:29

100

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 7TH, 2021

- DocuSigned by:

Signature of a member or authorized representative of a member

DANIEL VORON

Typed or printed name of signee

((H21000139671 3)))

**Filing Fee: \$25.00**