(1786#06035 IDCS) Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

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

DRIVE AUTOHOUSE LLC

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COVER LETTER

From: +17864106035 (DCS)

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	istration Se ision of Cor			
SUBJECT:	DRIVE A	UTOHOUSE 1.1.C		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence 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 not	ification)
For further in	formation c	oncerning this matter, please c	alł:	
BIBI HURTA	ADO		305 758-9001 at ()	
	Name o	f Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional cupy is enclosed)
	ling Addres		Street Address:	
_	istration S		Registration Se	
	. Box 632	o rporations 7	Division of Cor The Centre of T	
	ahassee, F			e Street Suite 810

Tallahassee, FL 32303

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

From: +17864106035 (DCS)

(((H21000207158 3)))

DRIVE AUTOHOUSE LLC				
(Name of the Limi	ted Liability Compar (A Florida Limited L	ıy aş it now appears on ou iability Company)	r records.)	_
The Articles of Organization for this Limited L. Florida document number L21000125949	iability Company	were filed on	21 and	1 assigned
and assigned or due to this Limited Liability Company were filed on 12/17/2021 and assigned or due document number 12/1000125949 and assigned or due document number 12/1000125949 and assigned or due to amend the following: 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 "LLC." after new principal offices address, if applicable: **Tricipal office address MUST BE A STREET ADDRESS** **Tricipal office address MUST BE A STREET ADDRESS** **Tricipal office address MAY BE A POST OFFICE BOX** **Tricipal address MAY BE A POST OFFICE BOX** **Tricipal office address on our records, enter the name of the new registered ent and/or the new registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered Agent: **Name of New Registered Agent:** **New Registered Office Address:** **MILAN FRANCOIS MARIE SALIF GUILLOT* **7182 FISHER ISLAND DRIVE* **Enter Florida wireet address*				
A. If amending name, enter the new name of	mending name, enter the new name of the limited liability company here: aame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"			
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the designation	on "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applie	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	_	19 3 4	20:
	***		LAHAS	
Enter new mailing address, if applicable:			(A)	2
(Mailing address MAY BE A POST OFFICE	BOX)			<u> </u>
		ddress on our records	enter the name of the	-
Name of New Registered Agent:	MILAN FRANC	COIS MARIE SALIF GU	ILLOT	
New Registered Office Address:	7182 FISHER IS			
		Enter Florida stree		
	MIAMI	77.	, Florida ³³¹⁰⁹	. ,
New Registered Agent's Signature, if changing i	Registered Agent:	C IŅ	Zip C	pae .
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as pr registered office o	performance of my du rovided for in Chapter	ties, and I am familiar r 605, F.S. Or, if this a	with and locument is

If Changing Registered Agent, Signature of New Registered Agent

If amending 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>	Name	Address	Type of Action
MGR	Milan Francois Marie Salif Guillot	7182 FISHER ISLAND DRIVE	
		MIAMI, FL 33109	□Remove
			≡ Change
			🗀 Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		-, ,,,	□ Remove
			Change
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neffective date is lis te: If the date ins cument's effective	ther than the date of file sted, the date must be specific a serted in this block does no e date on the Department o	and cannot be prior to out meet the applicable of State's records.	e statutory filing requi	rements, this date	z.) Pursuant to 605.020' e will not be listed as
cord specifies a d s filed.	lelayed effective date, but n	ot an effective time	, at 12:01 a.m. on the o	arlier of: (b) T	ho-90th day-anter the
ed	MAY 24	. 2021			JUN-2 AHIO: becaker of SIA AHASSEE FLOR
			ed representative of a me		<i>-</i>