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.

(((H210002103813)))



H210002103813ABCS

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

Tc:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : KILLGORE PEARLMAN SEMANIE DENIUS & SQUERESM P

Account Number : I19980000007 Phone : (407)425-1020

Fax Number : (407)839-3635

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Brail Address: JKPXCE @ KPSDS.COM

RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORLANDO DEALERCO I LLC

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

MAY 2 7 2021

A. LUNT

Fax Audit #H21000210381 3

COVER LETTER

| | gistration Section vision of Corporations | | | | | |
|----------------------------|--|--------------------------------------|--|-------------------|-------------|------------|
| SUBJECT: | Orlando Dealerco I, LLC | | | | | |
| SUBJECT: | | Name of Limited | Liability Company | | | |
| Dear Sir or N | лаdam: | | | | | |
| The enclosed | Statement of Correction and fee | e(s) are submitted for i | iling. | | | |
| Please return | all correspondence concerning t | his matter to the follow | ving: | | | |
| Frank H. Kil | lgore, Jr. | | | | | |
| | Name of Person | | _ | | | |
| Killgore Pear | lman Semanie Denius & Squires | 3 P.A. | | | | |
| | Firm/Company | | | | | |
| 800 N. Magn | olia Avenue, Suite 1500 | | | 141 181 | 202 | |
| | Address | | | E AH | 三三 | 7 3 |
| Orlando, FL 3 | 2803 | | | SSV VSS | 2021 MAY 26 | |
| | City/State and Zip Code | | _ | ů. W. | 2 | m O |
| jkerce@kpsds. | com | | | ELUX E.S. | 년 년 - | |
| E-mail ac | dress: (to be used for future ann | ual report notification) | | 107 107 107 | 护 | |
| For further info | rmation concerning this matter, ore, Jr. Name of Person | please call: 407 atat | 425-1020 _) Daytime Telephone Number | | | |
| Regiss Divisi P.O. E | e Address: tration Section on of Corporations Box 6327 assee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enclosed is a ch | eck for the following amount: | | | | | |
| ■\$25 Filing Fee | S30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | | | |

Fax Audit #H21000210381 3

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | | name of the limited liability company is: Orlando Dealerco I, L | • | | | | | |
|-----------------------------------|--|--|---|-------------|--|--|--|--|
| SEC | COND: | The Florida Document number of the limited liability com | pany is: | | | | | |
| THI | RD: | Document to be corrected is: Electronic Articles of Organization | ation | <u></u> | | | | |
| | 1 | CHECK THE APPROPRIATE BOX AND COMPLETE | THE APPLICABLE STATEMENT | | | | | |
| Ø | | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | | | | | |
| | The se | ole Manager is Daniel J. Miller, please remove the following three | e named managers: | | | | | |
| | (1) 0 | rlando Rentco, LLC; (2) Sanford Miller; and (3) Mark Zurales. | 720 FAI: | _ | | | | |
| | This w | vas a clerical error. | LORE HA | - | | | | |
| | <u>OR</u> | | NSSEE | | | | | |
| E1 | Was de as follo | efectively signed. The manner in which the document was de | fectively signed and the appropriate correct | tion ar | | | | |
| | as IGIR |)W5. | 2: 3t | | | | | |
| | OR | | | | | | | |
| [] | The elec | ctronic transmission of the record was defective. | | | | | | |
| | | I HI MI | 5/24/21 | | | | | |
| | | Signature of Authorized Representative | Date | | | | | |
| | | registered agent, if applicable :(NOTE: if correcting the registered). | istered agent, the new registered agent mus | t sign | | | | |
| I hereby provision obligati | y accept the ons of all s ons of my or change i | Agent's Signature, if changing Registered Agent: he appointment as registered agent and agree to act in this ca statutes relative to the proper and complete performance of m position as registered agent as provided for in Chapter 605, in the registered office address, I hereby confirm that the limit | y duties, and I am familiar with and accep F.S. Or. if this document is being filed to n | ierelu | | | | |
| | | Registered Agent's Signatur | re . | | | | | |

\$25.00

\$30.00 (optional)

Filing Fee: Certified Copy: