# lorida 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

\*\*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**

### JPR AUTOMOTIVE LLC

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DIVISION OF CORPORATION

#### **COVER LETTER**

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To: +18506176383

Division of Co				
	OMOTIVE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	amitted for filing		
	ondence concerning this matter	-		
Troube retain an eon eap	ondence concenting this matter	to the toriowing.		
	BIBI HURTADO			
	<del></del>	Name of Person	<del>-</del>	
	DEALER CONSULTING	SERVICES, INC.		
		Firm/Company	-	Ċ.
	7537 NW 7TH AVE		021 (	istai
		Address	- <u>Ç</u>	- 2분 - 2분 - 2분
	MIAMI, FL 33150		2021 SEP ~7 AM 10:	ARY F CO
		City/State and Zip Code	- A	유무 8 8 8
	CORPORATIONS@DCS-	NETWORK.COM to be used for future annual report notification)	-	Alle
For further information	concerning this matter, please c	•	7	<b>25</b>
	concerning this matter, prease e			
BIBI HURTADO	S. P	305 758-9001 at ()	<del></del>	
Name	of Person	Area Code Daytime Telephone Numbe	۱۲	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	

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DocuSign Envelope ID: 9A744348-22FA-4F23-9A4D-57FFAA5E58D9

From: +17864106035 (DCS)

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

(((H21000331854 3)))

JPR AUTOMOTIVE LLC		
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited	Liability Company were filed or	n 06/21/2021 and assigned
Florida document number [L21000285531]	·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name.  The new name must be distinguishable and contain the	of the limited liability compan	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appli		ARY U
Principal office address MUST BE A STRE	ET ADDRESS)	
		0 ANG
		<b>1</b>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	registered office address on o ess here:	ur records, enter the name of the new registe
Name of New Registered Agent:	RODNEY MARLON LLOYE	D HENRY
New Registered Office Address:	5647 RODMAN STREET	
The registress of the radices.	Enter	r Florida street address
	HOLLYWOOD	, Florida <sup>33023</sup>
	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

OccuSign Envelope ID: 9A74434B-22FA-4F23-9A4D-57FFAA5E58D9
II 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 (((H21000331854 3)))

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rodney Marion LLoyd Henry	5647 RODMAN STREET	■Add
		HOLLYWOOD, FL 33023	□Remove
			Change
MGR	Rodney Henry	5647 RODMAN STREET	□Add
		HOLLYWOOD, Fl. 33023	<b>∏</b> Remove
			□Change
		□Add	
			∐Remove
	<del></del>	Change	
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			☐Change

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fan effective <u>Note:</u> If the	date, if other than the date of filing:  (optimate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.	tional) for filing.) Pursuant to 605.0207 his date will not be listed as
record spec d is filed.	tifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (	(b) The 90th day after the
ated	SEPTEMBER 7TH 2021	
	Bright Ref (a member or authorized representative of a member	