Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000463878 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. **

Email Address: CORPORATIONS@DCS-NETWORK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ABM AUTO SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

COVER LETTER

(((H21000463878 3)))

To: +18506176383

	ision of Car			
SUBJECT:		O SERVICES LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		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-1	NETWORK.COM to be used for future annual report notifi	
For further in	nformation c	oncerning this matter, please of		cantony
BIBI HURT.	ADO		305 758-9001 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing 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 copy is enclosed)
Mai	iling Addres	·s:	Street Address:	
Rej	gistration S	Section	Registration Sec	
Div	rision of C	orporations	Division of Corp	orations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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OccuSign Envelope ID: 4D851A63 E1B9 4550 924D-3B41EA128671

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000463878 3)))

ABM AUTO SERVICES LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I.	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L	ability Company	were filed on 06/29/21	and assigned
Florida document number L21000300068	 '		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		W Du Z
B. If amending the registered agent and/or ragent and/or the new registered office address	•,•	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	BRANDON K.	PLUNKETT	SSE SEE
New Registered Office Address:		Enter Floridu street addre	S ORIE
		, F	lorida
		V 19	E.17 1-0000

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.

BRANDON K. PLUNKETT		

To: +18506176383

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

(((H21000463878 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BRANDON K. PLUNKETT	1192 CANYON WAY	□Add
		WELLINGTON, FL 33414	□Remove
		<u></u>	
AMBR	RASHIME S. SAGAY ST LOUIS	615 39TH ST	
		WEST PALM BEACH, FL 33407	□Remove
			■ Change
			DAdd
			LRemove
			DChange
			DAdd
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change ((H21000463878 3)))

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From: +17864106035 (DCS)

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Tective date, if other than the	e date of filing:	(option	al)
an effective date is listed, the date mu	ist be specific and cannot be prior to date of filing lock does not meet the applicable statutory	or more than 90 days after fil	ing.) Pursuant to 605.02
ocument's effective date on the f	Department of State's records.	Time requirement, this s	
			283 FAI
record specifies a delayed effecti	ve date, but not an effective time, at 12:01 :	a.m. on the earlier of: (b)	The 90th day after th
is filed.			
DECEMBED 17TU	2021		21 SSE SSE
ated			PH 1: 1 Y OF STAT SEE, FLORI
	DocuSigned by:		M I: I
	BRANDON K. PLUNKETT		BEC 5
	Signification of authorized represen	tative of a member	

Filing Fee: \$25.00