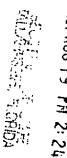
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL  (Business Entity Name)  (Document Number)  Certified Copies  Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	/	
(Document Number)  Certified Copies Certificates of Status	☐ PICK-UP 🖟 WAIT ☐ N	1AIL
(Document Number)  Certified Copies Certificates of Status		
(Document Number)  Certified Copies Certificates of Status	(Rusiness Entity Name)	
Certified Copies Certificates of Status	(Lusiness Chury Name)	
Certified Copies Certificates of Status		
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	
Special Instructions to Filing Officer:		
Special Instructions to Filing Officer:		
	Special Instructions to Filing Officer:	
		ĺ

Office Use Only



700370924607

08/19/21--01007--002 \*\*25.00



# COVER LETTER

TO:

Registration Section

Division of Co	rporations		
DEALER	SOURCE AUTO MANAGEM	MENT LLC	
SUBJECT:	Name of Lir	nited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are su	hmittad for filing	
rrease return all corresp	ondence concerning this matte	r to the following:	
	Tim Green		
		Name of Person	
	Dealer Source Auto Mana	gement LLC	
	<del></del>	Firm/Company	
	1773 Santa Barbara Dr.		
	<u> </u>	Address	
	Dunedin, FL. 34698		
		City/State and Zip Code	
	Tim@dsinventory.com		
		to be used for future annual report no	otification)
For further information c	concerning this matter, please o	rall:	
Tim Green		407 694-6565	
Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for t	ne 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 Addres Registration S Division of C	Section orporations	Street Address: Registration S Division of Co	ection Orporations
P.O. Box 632 Tallahassee, F		The Centre of	
	1	2410 IN. MOH	oc succi, sanc 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEALER SOURCE AUTO MAY			
(Name of the Lir	nited Liability Com (A Florida Limited	pany as it now appears I Liability Company)	on our records.)
The Articles of Organization for this Limited	Liability Compan	y were filed on JUI	.Y 06, 2021 and assigned
Florida document number 1.21000308851			
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited lia	bility company her	<u>e</u> :
N/A			_
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		37
Enter new mailing address, if applicable:		N/A	100
(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del>	SSS PH
			mo :
			FAI
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office	address on our rec	ords, enter the name of the new registere
and the new registered office addr	ess nere:		
Name of New Registered Agent:	Timothy J Gre	en Jr.	
New Registered Office Address:	1773 Santa Ba	rbara Dr.	
		a street address	
	Dunedin		Florida 34698
		City	Zin 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

If amending Authorized Person(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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Timothy J Green Jr	1773 Santa Barbara Dr. Dunedin, FL. 34698	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			Change

### Page 2 of 3

	ame added to the c	corporation as	both the regi	stered agent an	d the officer.	Thank you for	your time.
				_			
				·-			
<del></del>				_	<u> </u>	<u></u>	
						_	
		<u> </u>					
				<del></del>			
<del></del>							
	<del></del> -						-
<del></del>							<u> </u>
<del></del>				· <del></del> -		<u></u>	
ote: If the date in	other than the disted, the date must be isserted in this blocked date on the Department.	k does not me	et the applica	o date of filing o ble statutory fi	r more than 90 cling requirem	_ (optional) lays after filing.) ents, this date v	Pursuant to 605.020 vill not be listed a
record specif	ies a delayed e after the recor	effective dat d is filed.	te, but not	an effective	e time, at 1	2:01 a.m. o	n the earlier o
o soci. da,			2021				
Angust 12		•		<b>-</b> '			
		<u> </u>		<del>-</del> '			

Page 3 of 3