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R. HUNT

12/14/23

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/14/2023

Acc#I20160000072

*mic SW*

|             |   |
|-------------|---|
| Name:       | Dealer Services Network of Georgia, LLC |
| Document #: |   |
| Order #:    | 15276516                                |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
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| Ref# _____          |

Amount: \$ 25.00

Thank you!

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

Dealer Services Network of Georgia, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 9, 2021 and assigned  
Florida document number L21000357229.

This amendment is submitted to amend the following:

**A. 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 "C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: NRAI Services, Inc.

New Registered Office Address: 1200 South Pine Island Rd  
*Enter Florida street address*

Plantation, Florida 33324  
*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.*

*Laura Broderick*

Laura Broderick  
Assistant Secretary

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

| <u>Title</u> | <u>Name</u>                  | <u>Address</u>                                 | <u>Type of Action</u>                      |
|--------------|------------------------------|--|--|
| AMBR         | Dealer Services Network, LLC | 3155 SW 10 St STE D, Deerfield Beach, FL 33442 | <input checked="" type="checkbox"/> Add    |
|              |                              |  | <input type="checkbox"/> Remove            |
|              |                              |  | <input type="checkbox"/> Change            |
| MGR          | Jason Storchak               | 3155 SW 10 St STE D, Deerfield Beach, FL 33442 | <input type="checkbox"/> Add               |
|              |                              |  | <input checked="" type="checkbox"/> Remove |
|              |                              |  | <input type="checkbox"/> Change            |
|              |                              |  | <input type="checkbox"/> Add               |
|              |                              |  | <input type="checkbox"/> Remove            |
|              |                              |  | <input type="checkbox"/> Change            |
|              |                              |  | <input type="checkbox"/> Add               |
|              |                              |  | <input type="checkbox"/> Remove            |
|              |                              |  | <input type="checkbox"/> Change            |
|              |                              |  | <input type="checkbox"/> Add               |
|              |                              |  | <input type="checkbox"/> Remove            |
|              |                              |  | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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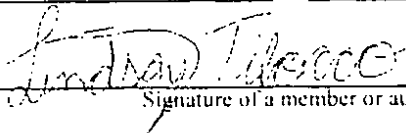
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 13, 2023



Signature of a member or authorized representative of a member

Lindsay Tilocco

Typed or printed name of signee

Filing Fee: \$25.00