Oct 28, 2021 10:11\UTC 04)

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.

(((H21000400645 3)))



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

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

8 AUTO OUTLET LLC

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

OCT 2 9 2021 S. PRATHEP 9

From: +17864106035 (DCS)

COVER LETTER

(((H21000400645 3)))

TO: Registration Se Division of Cor			er e
	UTLET LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BIBI HURTADO		
		Name of Person	
	DEALER CONSULTING	SERVICES INC	
		Firm/Company	
	7537 NW 7TH AVENUE		
		Address	<u> </u>
	MIAMI, FL 33150		
	0.000.00.710.10	ODOS VIETNORIA COM	
		@DCS-NETWORK.COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c		
BIBI HURTADO		305 758-9001	
	of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	estion
Registration Division of C		Registration Sc Division of Cor	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 32303

3

OccuSign Envelope ID: 2540BE46 C4B5 4025 95F1-9974E7A071A4

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

(((H21000400645 3)))

8 AUTO OUTLET LLC		20 TAL
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	i on our records.)
The Articles of Organization for this Limited Liability Compared Florida document number 1.21000441972 This amendment is submitted to amend the following:		PM 3: 54 GF STATE E. FLORIDA
A. If amending name, enter the new name of the limited li	тавицу соптряну не	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5300 SW 22ND	AVENUE
(Principal office address MUST BE A STREET ADDRESS,	FORT LAUDER	RDALE, FL 33312
Enter new mailing address, if applicable:	5300 SW 22ND	AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDER	RDALE, FL 33312
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ice address on our re	cords, enter the name of the new registered
	and avenue	
New Registered Office Address: 5300 SW 22	2ND AVENUE Enter Flori	ida street address
	IDERDALE	, Florida 33312
FORT LAU	/1	Zup Code
	City	in cone
	City	ng cone

If Changing Registered Agent, Signature of New Registered Agent

Ð

From: +17864106035 (DCS)

DocuSign Envelope ID: 25408E46 C485 4025-95F1-9974E7A071A4
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000400645 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EYAL MALKA	5300 SW 22ND AVENUE	□Add
		FORT LAUDERDALE, FL 33312	Remove
			Change
			□Add
			Remove
			Change
			🗆 Add
			ÜRemove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			∐Add
			□Remove
			Change H21000400645 3)))

0

DocuSign Envelope ID: 2540BE46-C485 4025 95F1-9974E7A071A4

(((H21000400645 3)))

ir amenuing any	other information, enter change(s) here: (Attach additional sheets, if necessa	iry.)
		
		····-
Effective date, if	f other than the date of filing: (options s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date of filing or more than 90 days after filing the date of filing and the second of the sec	al)
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this dative date on the Department of State's records.	ate will not be listed as the
record specifies d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
		7AI
Dated		821 ECH
	OccuSigned by.	OCT ETA HAS
	EYAL MALKA	ώ≅ N
	Signature of a member or authorized representative of a member	
	31EF200ASE SUBjature of a member or authorized representative of a member	2021 OCT 28 PM SECKETARY OF S ALLAHASSEE, FL

Filing Fee: \$25.00

(((H21000400645 3)))