5 ä Ĩ



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.

(((H22000233417 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 Co				
		Fax Number	: (850)617-6383			
	From:					
	r rom.	Account Name	: DEALER CONSULTIN	G SERVICES, I	NC.	
		Account Number	r : I20010000121		6 V2	~?
		Phone	: (305)758-9001		Øv ∰ C	12
		Fax Number	: (786)410-6035			~ 3
r					*	r 2022 JUL
ന് സ		· · · · · · · · · · · · · · · · · · ·		ity to be use		FILED
č.	**Enter the	email address I	or this business ent . Enter only one em	ail address p	lease ***	8 5
:=					· · · · · ·	-P C
<u>~</u>	Email J	Address: CORPO	DRATIONS@DCS-NE	TWORK.COM	<u> </u>	PH
က						ب
!.						- ຫ
i i					er Nov	. 0
2822 JUL	LLC	C AMND/REST	ATE/CORRECT O	R M/MG RES	SIGN	
92		AMD AT	TO COLLECTION	THLLC		
		AMI AC	TOCOLLECTION		1	
		Certificate of St	latus	0		
		Certified Conv		0		
		Certified Copy				
		Page Count		01		
		Estimated Char	pe	\$25.00		

Corporate Filing Menu **Electronic Filing Menu**

T. LEMIEUX

	C	OVER LETTER	(((H2	2000233417 3)))
TO: Registration Sec Division of Corp			ž i i	j k
	COLLECTION II LLC		•	a
SUBJECT:	Name of Limit	ed Liability Company	<u> </u>	
The enclosed Articles of <i>J</i>	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter t			
	BIBI HURTADO			
		Name of Person		
	DEALER CONSULTING	SERVICES, INC.		
		Firm/Company		
	7537 NW 7TH AVE			
		Address		
	MIAMI, FL 33150			
	<u></u>	City/State and Zip Code		
	CORPORATIONS@DCS-N			
		o be used for future annual report notific	ation)	
For further information e	oncerning this matter, please ea			
BIBI HURTADO		305 758-9001 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for a	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addre</u> Revistration		Street Address: Registration Sect	ion	
Registration Section Division of Corporations		Division of Corp	orations	
P.O. Box 63 Tallahassee,		The Centre of Ta 2415 N. Monroe		310

Tallahassee, FL 32303

(((H22000233417 3)))

到3015

DocuSign Envelope ID: F87CD2D8-118E-4323-8DB9 4AA2641AEC09 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

AMP AUTO COLLECTION II LLC	
(<u>Name of the Limited Liability Company as it now appears on ot</u> (A Florida Limited Liability Company)	ir records.)

The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the na</u> <u>e</u> :	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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

or removed from our records: (((H22000233417 3))) MGR = Manager AMBR = Authorized Member **Type of Action** Address **Title** <u>Name</u> SHLOMO O. ABDAN 1730 W. SUNRISE BLVD. MGR ___ 🗆 Add FORT LAUDERDALE, FL 33311 Remove Change _____ 🗌 Add ____ Change ____ 🖸 Add Change _____ 🗌 Add ____ Change bbA() _____ DAdd _____ □Change _____ Add

DocuSign Envelope ID: F87CD2D8-118E-4323-8DB9 4AA2641AEC09 It amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added

_____ Change (((H22000233417 3)))

④ Jul 08, 2022 14:23 (UTC-04) From: +17864106035 (DCS)

DocuSign Envelope ID: F87CD2D8-118E-4323-8DB9 4AA2641AEC09

(((H22000233417 3)))

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

.	
	
<u> </u>	
 (If an effective date Note: If the date 	, if other than the date of filing:
the record specific cord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JULY 7TH 2022
	Signature of fivmember or aluthorized representative of a member
TO	MER O. OVADIA
10	Typed or printed name of signee

(((H22000233417 3)))