## L22000365631

(R	equestor's Name)	
(A	ddress)	
(**		
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	_
	Ocument Number)	
(0	ocamen Namber)	
Certified Copies	Certificates o	f Status
Special Instructions to Fil	ling Officer:	

Office Use Only



400437487854

2024 OCT -2 AM 10: 51

RECT VED 2024 OCT -2 PM 3: 22

COUNTRY	Other
APOSTIL	Domestication of a Foreign Corp.
Statement of Authority	CORRECTION for a Foreign LLC
Fictitious Name	Reinstatement
Annual Report	Foreign Filing Partnership
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
OTHER	Merger
CORP	Statement of Correction.
INC	Dissolution withdrawar
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Not for Profit	Resignation of R.A. Officer/Director
Profit	X Amendment
NEW FILINGS	<u>AMENDMENTS</u>
Certified Copy of the Certificate of Status	
Walk in	Will wait
Business	Document #
Please use funds from the account   12021000 Authorization Signature: Dealer Dan's Auto LLC   L22000365631	00160: <u>\$25.00</u>
(850) 524-6243	
(850) 524-54372	
2330 CLARE DRIVE TALLAHASSEE, FL 32309	
FLORIDA CAPITAL COURIER SERVICES, INC	

EXAMINER'S INITIALS:\_\_\_\_

## **COVER LETTER**

TO:

Registration Section Division of Corporations

CITIES AD COM	s Auto 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	ndence concerning this matter	to the following:	
	Danyal Ibrahim		
		Name of Person	
	Dealer Dans Auto LLC		
		Firm/Company	
	1216 Clarion Circle		
	-	Address	
	Deltona, FL 32738		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	dealerdansauto@gmail.con		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Danyal Ibrahim		407 6275777 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25,00 Filing Fee	S30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Dealer Dans Auto LLC

2024 OCT -2 AM IO: 51

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	TALL AHASSEE. FLORIDA
Florida document number L22000365631	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18580 E Colonial Dr
(Principal office address MUST BE A STREET ADDRESS)	Unit 141
	Orlando, FL 32820
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Type of Action
MGR	Lembia Kinsler	2901 Burroughs Dr	□Add
		Orlando, FL 32818	<b>5</b> 70
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
<del></del>		<del> </del>	□Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Chance

<del></del>			<del></del>
			<del> </del>
<del></del>			·
			·
<u> </u>			
			200
			自會工
			1 -2 HASS
			0: 5
			D P
	<del> </del>		
			<del></del>
Effective date, if other than the	ne date of filing:	(optio	onal)
<b>Note:</b> If the date inserted in this	block does not meet the applicable statu	iting or more than 90 days after itory filing requirements, this	s date will not be listed as
document's effective date on the	Department of State's records.		
	in the boundary of the single state of the	and a second second second second second	Y The Oost Joseph and the
Cales annual annual Commendation of the Comme	ive date, but not an effective time, at 12	not a.m. on the earlier of: (b	) The 90th day after the
f the record specifies a delayed effect ecord is filed.			
ecord is filed.			
ecord is filed.	2024		
	<u>2024</u> 		
ecord is filed.	Signature of a member or authorized repr	resentative of a member	