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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : [200]0000121 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 THE GUZMAN BROTHERS AUTO SALES LLC

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TO:	Registration So Division of Cor		· ·	e in the second second
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SUBJE		MAN BROTHERS AUTO SAI	LES LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The en	closed 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	
		MIAMI, FL 33150		
			City/State and Zip Code	<u> </u>
		CORPORATIONS@DCS-		
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information o	concerning this matter, please c	all:	
BIBI HURTADO			305 758-9001	
Name of Person			Area Code Dayt	ime Telephone Number
Enclos	ed is a check for t	he following amount:		
■ \$2	5.00 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)
			(3)	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Oct 28, 2022 10:38 (UTC 04)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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THE GUZMAN BROTHERS AUTO SALI						
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our re la Limited Liability Company)	<u>cords.</u>)				
The Articles of Organization for this Limited Liability	Company were filed on 09/12/2022	and assigned				
Florida document number 1.22000398648						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company here:					
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	'LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1500 N. CONGRESS AVI	ENUE				
Principal office address MUST BE A STREET ADD	RESS) WEST PALM BEACH, F	WEST PALM BEACH, FL 33401				
Enter new mailing address, if applicable:	1500 N. CONGRESS AV	ENUE				
(Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH. F	WEST PALM BEACH, FL 33401				
B. If amending the registered agent and/or register	ed office address on our records, <u>e</u> r	nter the name of the new register				
agent and/or the new registered office address here		2001				
		F1C 728				
Name of New Registered Agent:	A COMORGO MENTE					
New Registered Office Address:	N. CONGRESS AVENUE Enter Florida street a	<u> </u>				
WES		. Florida <u>33401</u>				
	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

DocuSign Envelope ID: 0B620C75-2F0A 4D57-BC81-A1532EF242A2 in amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

Oct 28, 2022 10:38 (UTC-04)

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GUZMAN NUNEZ, MARLON	1500 N. CONGRESS AVENUE	
		WEST PALM BEACH, FL 33401	□Remove
			= Change
MGRM	NUNEZ, FRANCISCO J	1500 N. CONGRESS AVENUE	□Add
		WEST PALM BEACH, FL 33401	□Remove
			≅ Chang c
			□Add
			∐Remove
			Change
			□Add
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			□Remove
			□Change

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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depar	does not meet the applical	date of filing or more the	(optional) an 90 days after filing.) Pursual uirements, this date will not	nt to 605.0207 (t be listed as t
ecord specifies a delayed effective da is filed.		e, at 12:01 a.m. on th	e earlier of: (b) The 90th o	lay after the
OCTOBER 25	2022			
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lles an				
OCTOBER 25 Docustaned by List Age 788435 UTBSBCCS[g]	nature of a member or author	zed representative of a	nember	

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