

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000428317

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.

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H220003430663ABC-

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 FLEXCREDI AUTO SALES LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 OCT -7 PM 2:50

APPROVED
AND
FILED

2022 OCT -7 PM 3:36



October 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLEXCREDI AUTO SALES LLC
6917 W COMANCHE AVE
TAMPA, FL 33634US

SUBJECT: FLEXCREDI AUTO SALES LLC
REF: L22000428317

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000343066
Letter Number: 722A00022446

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEXICREDI AUTO SALES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIBI HURTADO

Name of Person

DEALER CONSULTING SERVICES, INC.

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 33150

City/State and Zip Code

CORPORATIONS@DCS-NETWORK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIBI HURTADO

Name of Person

at (305) 758-9001

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: FLEXCREDI AUTO SALES LLC

SECOND: The Florida Document number of the limited liability company is: L22000428317

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

FLEXCREDI AUTO SALES LLC - missed the "i" in the word Flexicredi

FLEXICREDI AUTO SALES LLC - correct spelling

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

10/07/22
Date

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FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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