4230002869023

8/18/23, 12:07 AM

Division of Corporations

# Florida Department of State

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.

(((H23000286902 3)))



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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. \*\*

corporations@dcs-network.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIUM CARS OF FLORIDA LLC

Certificate of Status	0
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#### DocuSign Envelope (D; 81358AB0-10F7-484E-826B-F044669E710B **COVER LETTER**

### H230002869023

	ration Secon of Corp	ction porations	
PE SUBJECT:	REMIUM	CARS OF FLORIDA LLC	
30 <b>DOEC</b> 1		Name of Lim	ited Liability Company
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filling.
Please return all	согтеѕро	ndence concerning this matter	to the following:
		ALEXANDRA BAUTIST	Α
			Name of Person
		DEALER CONSULTING	SERVICES INC.
		<del></del>	Firm/Company
		7537 NW 7TH AVENUE	Name of Limited Liability Company  and fee(s) are submitted for filing.  Perming this matter to the following:  NDRA BAUTISTA  Name of Person  R CONSULTING SERVICES INC.  Firm/Company  W 7TH AVENUE  Address  FI. 33150  City/State and Zip Code  RATIONS@DCS-NETWORK.COM  E-mail address: (to be used for future annual report notification)  is matter, please call:  305  Area Code  Daytime Telephone Number  amount:  D Filing Fee & S55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is encised)  Street Address:  Registration Section
		MIAMI, FL 33150	
			City/State and Zip Code
For further info	rmation co	oncerning this matter, please c	,
ALEXANDRA	BAUTIS	TA	
	Name of	Person	
Enclosed is a ch	eck for th	e following amount:	
<b>≘ \$</b> 25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &
	g Address		
_	tration S ion of C	orporations	
	30v 632		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Θ

DocuSign Envelope ID: B135BAB0-10F7-484E-826B-F044669E710B

From: +17864106035 (DCS)

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

HZ30002869029

PREMIUM CARS OF FLORIDA LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	ords.)	
The Articles of Organization for this Limited Liability Company vi Florida document number L23000020768	vere filed on 01/10/23	ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del>-</del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>ent</u>	er the name of th	e new registered
Name of New Registered Agent:			2023
		<u> </u>	AUG
New Registered Office Address:	Enter Florida street add	ress	
	,	Florida	# EB #
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:		10 ( ) <del>  10</del> ( )   10 ( )   1	ယ္ထ

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.

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Docusign Envelope (D: B135BABO-10F7-484E-826B-F044669E710B
II amenuing Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
MGR	REYNALDO A. BRITO HURTADO	3175 NW 37TH STREET	□Add
		MIAMI, FL 33142	□Remove
			<b>⊞</b> Change
			□Add
			□Remove
			□Add
			□Remove
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From: +17864106035 (DCS)

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