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H230001917013ABCY

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Pax 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.

Brail Address: DCS 60 DCS - NETWORK COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ILUMIA AUTO SALES LLC

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T. LEMIEUX Help MAY 2 5 2023 TO:

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Registration Section

From: +17864106035 (DCS)

4230001917013

Division	of Corporations		
ເມືອນຄວາມ	MIA AUTO SALES LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
		,	
The enclosed Artic	cles of Amendment and fee(s) are sul	omitted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	ALEXANDRA BAUTIST	ſA.	
	······	Name of Person	
	DEALER CONSULTING	SERVICES, INC.	
		Firm/Company	
	7537 NW 7TH AVE		
		Address	
	MIAMI, FL 33150		
		City/State and Zip Code	
	CORPORATIONS@DCS-		
B 6 1 1 6		to be used for future annual report notif	(cation)
For further inform	ation concerning this matter, please of	call:	
ALEXANDRA B	AUTISTA	305 7589001 at ()	
1	Name of Person		e Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 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)
Mailing A	Address: ation Section	Street Address: Registration Sec	otion
Disisis		Registration Sec	AUDIT

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

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

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

4250001917015

To: +18506176383

ILUMIA AUTO SALES LLC				
(Name of the Limited Liability Com (A Florida Limite	ралу as it now appears on our records.) d Liability Company)		_	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/10/2023	an	ıd assigt	ned
Florida document number 123000021565				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	bbreviatio	on "L.L.C	
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	\war-		302	
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the nan</u>	<u>ne of the</u>	e new r	egiste
agent and/or the new registered office address here:			<	
			 	-
Name of New Registered Agent:			***	C.
New Periods I Office All Lond		•	<u> </u>	
New Registered Office Address:	Enter Florida street address	_ 	<u> </u>	
	Server 1 to the street was 604	-	G	
	, Florida			
	Ciw	7in (ade	

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.

Docusign Envelope ID: 969D7C1F-D725-4407-AF7B-9DEEC84268A0
u 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 #25000197013

To: +18506176383

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE RAUL LOPEZ DAZA	9013 OUTLOOK ROCK TRAIL	□Add
		WINDERMERE, FL 34786	□Remove
			≘ Change
			□Remove
			□Change
			□Add
			□ Remove
	~		□Add
			□Remove
			□Add
		 	□Remove
			□Change
			□ Add
			□ Remove
			Change

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From: +17864106035 (DCS)

4230001917015

	
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ffective date, if other than the data an effective date is listed, the date must by total. If the date inserted in this block locument's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to does not meet the applicable statutory filing requirements, this date will not be listed as
	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
	2023
MAY 24TH	, , ,
oated MAY 24TH	, 2023 , Document by: INDITES FEULE GNEW UPEE gnature of a member account and representative of a member

Filing Fee: \$25.00