

6/21/23, 4:59 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

#230002221403

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.  
Account Number : 120010000121  
Phone : (305)758-9001  
Fax Number : (786)410-6035

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

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PREMIUM DEALS LLC

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

850-617-6381

6/22/2023 6:56:52 PM PAGE 1/001 Fax Server



June 22, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PREMIUM DEALS LLC  
3935 NW 26TH ST  
SUITE A  
MIAMI, FL 33126

SUBJECT: PREMIUM DEALS LLC  
REF: L23000039295

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.

What is the rest of Alberto's last name?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H23000222140  
Letter Number: 023A00014192

DocuSign Envelope ID: 87C977B1-2A1F-441D-8940-34775C6EB1D4

H 23000221403

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: PREMIUM DEALS LLC**

\_\_\_\_\_  
 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRA BAUTISTA

\_\_\_\_\_  
 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:

ALEXANDRA BAUTISTA

305 7589001  
 at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
 Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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 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

SECRETARY OF STATE  
 TALLAHASSEE, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIUM DEALS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/10/2023 and assigned  
Florida document number L23000039295

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3935 NW 26TH ST

SUITE A

MIAMI, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3935 NW 26TH ST

SUITE A

MIAMI, FL 33142

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HECTOR A. GONZALEZ TORRES

New Registered Office Address:

3935 NW 26TH ST, SUITE A

Enter Florida street address

MIAMI

City

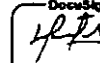
Florida 33142

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.

DocuSigned by:



If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE  
HALL OF RECORDS  
TALLAHASSEE, FLORIDA

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If designating 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>	<u>Type of Action</u>
AMBR	Hector A. Gonzalez Torres	5262 NW 114TH AVE	<input type="checkbox"/> Add
		UNIT 110	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input checked="" type="checkbox"/> Change
AMBR	Alberto A. Lucente Briceno	6756 NW 103RD PL	<input type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE OF FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ANY AND ALL LAWFUL BUSINESS

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

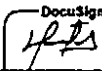
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 16TH, 2023

DocuSigned by:



Signature of a member or authorized representative of a member

HECTOR ALONSO GONZALEZ TORRES

Typed or printed name of signer

Filing Fee: \$25.00