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| Certified Copies | Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| Please use funds from account: 120 | 210000160: \$25.00 |
|------------------------------------|--|
| Authorization Signature: | Film |
| DB AUTO CLASSIC LLC (| L23000189933 |
| Business | DOC# |
| | |
| Certified Copy | |
| Certificate of Status | |
| NEW FILINGS | <u>AMENDMENTS</u> |
| Profit Corp | X Amendment |
| Not for Profit | Resignation of R.A. or member |
| Officer/Director | Dissolution |
| Limited Liability | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| Other | Merger |
| CORP | Conversion |
| LLLP | Amended and restated Articles |
| | Statement of Correction |
| OTHER FILINGS | |
| | REGISTERATION/QUALIFICATIONS |
| <u>Trademark</u> | ······································ |
| Annual Report | Foreign filing |
| | Limited Partnership |
| Fictitious Name | Reinstatement |
| APOSTILLE | Other |
| COUNTRY | |

EXAMINIER'S INITIALS:____

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|--|--|
| DB AUTO | CLASSIC LLC | | |
| 30 64 EC1: | Name of Lim | ited Liability Company | |
| | | A. 6. 61 | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspo | endence concerning this matter | to the following: | |
| | DIMITRI BEILVERT | | |
| | | Name of Person | |
| | DB AUTO CLASSIC LLC | | |
| | | Firm/Company | |
| | 200 South Andrews Ave, 5 | Suite 504 | |
| | | Address | |
| | Fort Lauderdale, Florida 3 | 3301 | |
| | | City/State and Zip Code | |
| | db.autoclassic@gmail.com | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | ail: | |
| DIMITRI BEILVERT | | 438 530-3368 | |
| Name o | of Person | at () Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration Sec | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | 27 | The Centre of T | |
| Tallahassee. | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

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



_____ and assigned

2023 JUH 20 AH 8: 22

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The Articles of Organization for this Limited Liability Company were filed on $\frac{04/17/2023}{1}$

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

(A Florida Limited Liability Company)

| A. If amending name, enter the new name of the limited liab | niny company nere: |
|---|---|
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 200 South Andrews Ave, Suite 504 |
| (Principal office address MUST BE A STREET ADDRESS) | Fort Lauderdale, Florida 33301 |
| Enter new mailing address, if applicable: | 200 South Andrews Ave, Suite 504 |
| (Mailing address MAY BE A POST OFFICE BOX) | Fort Lauderdale, Florida 33301 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registe |
| | address on our records, enter the name of the new registe |
| Name of New Registered Agent: | Enter Florida street address |
| agent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street address Florida City Zip Code |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------|---------------------------|----------------|
| AR | EXODIUM LLC | 700 S. ROSEMARY AVE | □Add |
| | | WEST PALM BEACH, FL 33401 | ■Remove |
| | | | Change |
| AR ——— | DORE MANAGEMENT LLC | 16430 NW 59th Ave | = Add |
| | | Suite 201 | □Remove |
| | | Miami Lakes, FL 33014 | □ Change |
| | | | □ Add |
| | | | Петноче |
| | | | Change |
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| Not | ective date, if other than effective date is listed, the date e: If the date inserted in thument's effective date on the | is block does not me | et the applicable statut | iling or more than 90 days | optional) after filing.) Pursuant to 605.0 , this date will not be listed |
| If the record is | cord specifies a delayed effi i filed. | ective date, but not ar | n effective time, at 12: | 01 a.m. on the earlier of | f: (b) The 90th day after |
| | | | | | |

Filing Fee: \$25.00