L23000189933

(Requestor's Name)					
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4/25/24

COVER LETTER

Division of Cor	porations		
			e i e
SUBJECT: DB AUTO	CLASSIC LLC		
	Name of Lin	nited Liability Company	e:
The sealess of Assistance	10.00		
ine enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maxime Ouimet		
		Name of Person	
	DORE MANAGEMENT	LLC	
		Firm/Company	
	16430 NW 59TH AVE, S	UITE 201	
		Address	
	MIAMI LAKES, FL 3301	4	
	-	City/State and Zip Code	
	maxime@wemobile.biz		
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Maxime Ouimet		at (786) 575-3741	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	☐ \$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 Addus			
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of	•
Tallahassee, FL 32314			oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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TO:

Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DB AUTO CLASSIC LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	smornly confiancy	
The Articles of Organization for this Limited Liability Company	were filed on 04/17/2023	and assigned
Florida document number 1.23000189933		
(;		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Truting dualess with DE ATOMY OF THE BONY		
		.
B. If amending the registered agent and/or registered office :	address on our records, enter t	he name of the new register
agent and/or the new registered office address here:	enter to	
•		
Name of New Registered Agent:		
raine of frew neglatered rigent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHRISTOPHE MALERY	4885 BOUL HENRI-BOURASSA O 532	= Add
		SAINT-LAURENT	□ Remove
		QUEBEC, H4L0A5, CANADA	□Change
			□ Remove
			□Change
		·	□ Add
			□ Remove
			□Change
			□ Add
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			□ Add
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			□ Change
			🗆 Add
		.	□Remove
			□Change

Typed or printed name of signee

MAXIME OUIMET