5/30/23, 12:07 PM

Division of Corporations

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.

(((H23000196086 3)))



H230001960863ABC2

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To:

Division of Corporations

Pax 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. **

Email Address: CORPORATIONS@DCS-NETWORK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEPE AUTOMOTIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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TO:

DocuSign Envelope (D: 9F118983-FCDB-43C9-B13C-F3DE5F2207B2 CUVER LETTER

Registration Section

From: +17864106035 (DCS)

H23000196086 3

Div	ision of Cor	porations				
SUBJECT:	PEPE AUT	OMOTIVE LLC	_			1 '
SOBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of.	Amendment and fee(s) are sub	mitted for filing.			
Please return	Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. Source and 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) et information concerning this matter, please call: NDRA BAUTISTA Name of Person Area Code Daytime Telephone Number is a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
		ALEXANDRA BAUTIST	A			
			Name of Person			
		DEALER CONSULTING	SERVICES, INC.			
		·	Firm/Company			
		7537 NW 7TH AVE				
		<u> </u>	Address			
		MIAMI, FL 33150				
			•	ode		
				nual report potitica	ntion)	
For further in	nformation co				,	
ALEXAND	RA BAUTIS	ТА		758-9001		
	Name of	Person		Daytime T	'elephone Number	
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	Filing Fee		Certified Copy	y	Certificate of Certified Cop	Status & y
	iling Address gistration S			et Address: istration Secti	on	

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

■ 3 of 5

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From: +17864106035 (DCS)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4230001960863

PEPE AUTOMOTIVE LLC		•
(Name of the Lim	nited 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 04/20/2023	and assigned
Florida document number 1.23000196659		
This amendment is submitted to amend the fo	Howing:	
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	022
		• ;
		က က
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE	<u> </u>	·
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		e name of the new registere
Name of New Registered Agent:	JOSE A. VELAZQUEZ CARNERO	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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 Agents SKARON For New Registered Agent

Docusign Envelope ID: 9F11B983-FCDB-43C9-B13C-F3DE5F2207B2
II amenuing 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 H230001960863

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE A. VELAZQUEZ CARNERO	6819 WAYSIDE CT	□ Add
		TAMPA, FL 33634	□Remove
			■ Change
			□ Add
			□Remove
			□ Change
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H230001960863

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Filing Fee: \$25.00