

11/17/23, 11:10AM

Division of Corporations

L230004649 33

H230003980873

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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.

((H23000398087 3))



H230003980873ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
 17 11:21:19
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CORPORATION@DCS-NETWORK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LEGACY AUTO BROKER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023
 11:51:19

Electronic Filing Menu Corporate Filing Menu

Help
 LEMIEUX
 NOV 19 2023

H25000 39 80873

DocuSign Envelope ID: 029E8C1B-CB6E-4E36-90D6-082F35938A86

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEGACY AUTO BROKER 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

Firm/Company

7537 NW 7TH AVE

Address

MIAMI, FL 331150

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

305 758-9001
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

H230003980875

DocuSign Envelope ID: 029E8C1B-C86E-4E38-80D8-082F35938A88

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LEGACY AUTO BROKER 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 10/09/2023 and assigned Florida document number L23000464933.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ADA MONTEAGUDO MONTES DE OCA

New Registered Office Address:

6600 MAIN ST

Enter Florida street address

MIAMI LAKES

Florida

33014

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.

Designated by:

ADA MONTEAGUDO MONTES DE OCA

If Changing Registered Agent, Signatures of New Registered Agent

#230003980873

DocuSign Envelope ID: 029E8C1B-CB6E-4E36-90D6-082F35838A86

If including 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>
MGR	Ada Monteaqudo Montes de Oca	6600 MAIN ST, MIAMI LAKES, FL 33014	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

