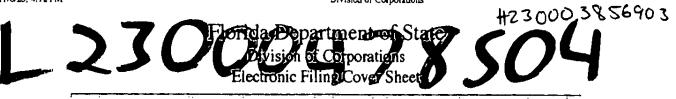
11/6/23, 4:12 PM

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.

(((H23000385690 3)))



H230003856903ABC3

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 : 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.

Corporations@dcs-network.com Rmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ORO FIRME LLC

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

S. RC ERTS

NOV - 7 2023

Electronic Filing Menu

Corporate Filing Menu

Help

H230003856903

To: +18506176383

DocuSign Envelope IO: F1A3F077-B188-475B-95F3-B48748876C81 COVER LETTER

TO: Registration Division of C	Section Corporations		
	RME LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ALEXANDRA BAUTIST	'A	
		Name of Person	
	DEALER CONSULTING	SERVICES, INC.	
	<u> </u>	Firm/Company	
	7537 NW 7TH AVE		
		Address	
	MIAMI, FL 33150		
		City/State and Zip Code	
	CORPORATIONS@DCS-		
For further informatio	E-mail address: (n concerning this matter, please c	to be used for future annual report not all:	nication)
ALEXANDRA BAU	TISTA	305 758-9001	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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 Add Registratio		<u>Street Address:</u> Registration Se	ection
	f Corporations	Division of Co	
P.O. Box 6		The Centre of	
Tallahasse	e, FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: F1A3F077-B186-475B-95F3-B46748876C81 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Llability Compan (A Florida Limited Li	ability Company)	A GRE (CCOTAL)
The Articles of Organization for this Limited Liability Company viriliance of Organization for the Organization of Organization for this Liability Company viriliance of Organization for the Organization for the Organization of Organization for the Organization of Organization for the Organization of Organization for the Organization for	were filed on 10/18/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	;
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desig	gnation "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:		<u>့</u>
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	ords, enter the name of the new regist
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida Zip Code
	Chy	zy com
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

H230003856903

DocuSign Envelope ID: F1A3F077-B1B8-475B-95F3-B46748B76C81
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: +17864106035 (DCS)

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ORLANDO J. LINDO ALLENDE	10365 NW 70TH LANE	⊟Add
		DORAL, FL 33178	□Remove
			□Change
			□Remove
			☐ Change
			C]Add
			□Remove
			[]Change
			DAdd
			□Remove
			DAdd
			□Remove
			□Change
			□Remove
			Change

Э

H230003856903

To: +18506176383

DocuSign Envelope ID: F1A3F077-B188-475B-95F3-B46748B76C81

		· •••• · · · · · · · · · · · · · · · ·		
		- -		
				
<u> </u>				
		 		
				
				······································
				
ective date, if other than the deflective date is listed, the date must e: If the date inserted in this blocument's effective date on the Dep	k does not meet the app	licable statutory fil	ling requirements, th	ional) r filing.) Pursuant to 6050 is date will not be listed
cord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after t
November 2nd	2023	·		
Nuntu (mounts Counciles 1	h linds		
	1 Tries	thorized representati		
	ignature of a member or at	ithorized representati	ve of a member	