8/27/24, 4:0 NºM

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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.

Email Address:

CORPORATIONS@DCS-NETWORK.COM

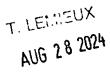
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOOR VALET AUTO IMPORT LLC

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Page Count	01
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Aug 27, 2024 16:23 (UTC-04)

H240002873963

TO: Registration S Division of Co			
	ALET AUTO IMPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Anicles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	DANIELA MONSALVE		
		Name of Person	
	DEALER CONSULTING	SERVICES INC	
		Firm/Company	·
	7537 NW 7TH AVE		
		Address	
	MIAMI, FLORIDA 33150)	
		City/State and Zip Code	
	CORPORATIONS@DCS	I-NETWORK.COM to be used for future annual report in	otitiestion)
For further information	concerning this matter, please c		
DANIELA MONSALV	'E	305 758-9001	
Name	of Person	at ()	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	Section	Street Address: Registration S	
P.O. Box 63	Corporations 27	Division of C The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Occusion Envelope ID: 3E7BCFB0-2187-49DA-8C60-162134933BE9

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240002873963

and assigned
reviation "tL.C."
2024 AU
of the new registere
03
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.

Docusign Envelope ID: 3E780F80-2187-490A-8050-1521349338E9
to amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H240002873963

MGR = Manager AMBR = Authorized Member

+ Aug 27, 2024 16:23 (UTC-04)

Title	Name	Address	Type of Action
AMBR	JEFFESON LOOR-VALET	3002 PACE ST, SUITE L	🗖 Add
		ORLANDO, FL 32810	■Remove
			Change
MGR	WILMON FRANCIS MARTINEZ	762 HADDONSTONE CIR. APT 106	≅ Add
		LAKE MARY, FLORIDA 32746	□ Remove
			[]Add
			□ Remove
			∐Change
			[]Add
			□Remove
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in effective date is listed, the date must ofe: If the date inserted in this blo				
ocument's effective date on the De	partment of State's records.	· · · · · ·		
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is filed.				
AUGUST 27	2024			
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ited	J. N.	1411		
	Signature of a member or author	noor round prized representative of a	member	

Filing Fee: \$25.00