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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.\*\*:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELUXE CARS USA LLC

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## **COVER LETTER**

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	Registration Se Division of Cor			•
SUBJEC	DELUXE (	CARS USA LLC DBA DELUZ	XE CARS USA	
SUBJEC	-1; <u> </u>	Name of Lim	lited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JADE MARTINEZ		
			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 to be used for future annual report notifi	
For furth	er information o	concerning this matter, please c	•	Callotty
	IARTINEZ		305 <b>758-900</b> 1	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	he following amount:		
<b>■</b> \$25.	00 Filing Fee	S30.00 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 S Division of C	Section	Street Address: Registration Section Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 24000113447 3

DELUXE CARS USA LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 10/31/2023	and assigned
DELUXE CARS USA 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 10/31/2023 and ass Florida document number L23000496553  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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Enter new 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 principal office address here:  Name of New Registered Agent:  New Registered Office Address:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		<b>202</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		. 0)
	address on our records, enter the	-:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	Cirv	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: 286607D1-3CAA-49F3-AF7C-000355C82688
It amenuing Authorized rerson(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
MGR	CARLOS GONZALEZ CANO	13425 SW 4TH TER	<b>=</b> Add
		MIAMI,FL 33184	□Remove
			□Add
			□Remove
			Change
<del></del>			☐Add
			□Remove
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an effectiv <u>ote:</u> If the	date, if other than the dat we date is listed, the date must be the date inserted in this block is effective date on the Depar	pecific and can loes not meet	the applicable	ate of filing or mo	(option than 90 days after requirements, this	filing.) Pursuant to 6	05.0207 isted as
record sp	ecifies a delayed effective da	e, but not an e	effective time.	, at 12:01 a.m. o	the earlier of: (b	) The 90th day a	fter the
ated	22, march	, _2	024				
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