3/5/24, 9:36 PM

Division of Corporations

# Florida Department of State Physiophof Oppositions Electronic Filting Cover Sheet Florida Department of State Oppositions Florida Department of State Oppositions

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.

(((H24000088120 3)))



H240000881203ABCZ

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.\*\*

Email	Address:			

# MANAGE OF STATES OF STATES

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C&P AUTO SALES LLC

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

MAR - 7 42.1

Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

#### **COVER LETTER**

H240000881203

To: +18506176383

TO:	Registration Se Division of Cor			
		O SALES LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	<del></del>
	l			
The end	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		JADE MARTINEZ		
		***************************************	Name of Person	
		DEALER CONSULTING	SERVICES, INC.	
			Firm/Company	
		7537 NW 7TH AVENUE		
			Address	-
		MIAMI, FL 33150		
			City/State and Zip Code	·····
		CORPORATIONS@DCS-I		
For fur	her information o	e-mail adoress: ( concerning this matter, please c	to be used for future annual report no	otitication)
	MARTINEZ	oncertaing and matter, prease o	305 758-9001	
		f Person	at ()	ime Telephone Number
Enclose	  disacheck fort	he following amount:		
≘ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	lection
	Registration S Division of C		Registration S Division of C	
	P.O. Boy 630		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### Docusign Envelope ID: 5C6AD4BA-F252-4F93-ABFE-4753C21EF3EA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

From: +17864106035 (DCS Admin)

H240000 881203

C&P AUTO SALES 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 02/15/2024	and assigned
Florida document number 1.24000082985		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new hame must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		74 H
(Principal office address MUST BE A STREET ADDRESS)		20 mm
		7
		SEE SEE
Enter new mailing address, if applicable:		717. W
(Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
If Cha	inging Registered Agent, Signature of ?	New Registered Agent

□ Change

里4015

Docusign Envelope ID: 5C8AD4BA-F252-4F93-ABFE-4753C21EF3EA
II amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

MGRM JOSEPH CARIUS, CONCEPCIA 257 BROWARD AVE □ Add □ GREENACRES, Fl. 33463 □ Remov □ Chang □ Add □ Remov □ Chang □ C	MGR = N	1anager Authorized Member		
GREENACRES. Fl. 33463  GREENACRES. Fl. 33463  GRAD	Title	<u>Name</u>	Address	Type of Action
Chang	MGRM	JOSEPH CARIUS, CONCEPCIA		□Add
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			GREENACRES, FL 33463	□Remove
Chang				
Chang				□Add
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				□Remove
Chang				□Change
□Chang □Chang □Chang □Chang □Chang □Add □Remo □Chang □Add				□Add
				□Remove
Chang				
Chang  Add  Remo  Chang			<del></del>	□Add
☐ Add ☐ Chang				□Remove
CRemo				☐Change
Chang		<del></del>		□Add
				□Remove
				□Change
□Remo				□Add
				□Remove

DocuSign Envelope ID: 5C6AD4BA-F252-4F93-ABFE-4753C21EF3EA

			<del></del> -
<u></u>			
			<del></del>
· · · · · · · · · · · · · · · · · · ·		<del></del>	
ıg:		(optional)	
id cannot be prior to date of t	iling or more than 90	days after filing.) Pursuant	io 605.0207 e listed as i
	in y ming requirem	ionis, uns date with not e	t listod as
an effective time, at 12	01 a.m. on the earl	ier of: (b) The 90th day	after the
2024			
··			
member or authorized repr	sentative of a memb	er	<del></del>
et f	and cannot be prior to date of for meet the applicable statut if State's records.  not an effective time, at 12:	and cannot be prior to date of filing or more than 90 of meet the applicable statutory filing requirem of State's records.  The state of the applicable statutory filing requirem of State of the state	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the applicable statutory filing requirements, this date will not be a statutory filing requirements, this date will not be a statutory filing requirements.  State's records.