

From: +17864106035 (DCS)

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(((H240001863683)))



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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. က်

CEMEIL Address: CORPORAHONS & DCS -NETWORK COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AUTO WAY FL LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H24000 1863 68 3

AUTO WAY FL LLC (Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 05/10/2024 Florida document number L24000219368		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		202	
(Principal office address MUST BE A STREET ADDRESS)	 	1 - 4	
		7 21 × 22	
Enter new mailing address, if applicable:		전 Pr 전 Pr 전 Pr 전 C	
(Mailing address MAY BE A POST OFFICE BOX)		39	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	addr ess on our records, <u>enter t</u>	he name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	, Flor	rida Zio Code	
Now Designated Amenda Cinnature if shanning Designated Amenda	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre-			

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: 9388E63D-F828-4853-91ED-E3AC880D1CDF
II 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Reynoso Mieses, Emmanuel	17867 PASSIONFLOWER CIRCLE	
		CLEARMONT, FL 34714	
			☐ Change
MGR	KELVIN S. ALMONTE	17867 PASSIONFLOWER CIRCLE	= Add
		CLEARMONT, FL 34714	□Remove
			□ Change
		2024 HAY 24	
			□Remove
		⊏	□Change: 3
			□Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			Remove
			□Change

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			<u> </u>	39
				
ective date, if other than the affective date is listed, the date must be. If the date inserted in this blo	date of filing: be specific and cannot be prior to de	(0) te of filing or more than 90 days a	ptional) After filing.) Pursuant to 605.020 this date will not be listed a	7 (3)(b) s the
cument's effective date on the De		omenoty theig togenoments	The date will not be fished b	3 UIC
cord specifies a delayed effective s filed.	e date, but not an effective time,	at 12:01 a.m. on the earlier of	(b) The 90th day after the	•
ed May 22nd	2024			
···				
	— DocuSigned by:			

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