L24000427186

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(only, older Light notice of
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		istration Se sion of Cor			
	cor.	Dealer Cult	ure LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum	all correspo	ndence concerning this matter	to the following:	
			Richard A Nimphie		
				Name of Person	
			Dealer Culture LLC		
				Firm/Company	
			5103 Interbay Blvd.		
				Address	
			Tampa, Florida, 33611		
			nimphier@msn.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report no	otification)
For furth	her in	formation c	oncerning this matter, please c	all;	
Richard	AN	imphic		843 3010931	
		Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclose	d is a	check for the	ne following amount:		
\$25	5.00 F	iling 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)
	Reg Div	ling Addressistration Strision of Co. Box 632	Section forporations	Street Address: Registration S Division of Co The Centre of	orporations

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dealer Culture LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on a Limited Liability Company)	our records.) William -4 Pi 2:08
The Articles of Organization for this Limited Liability (• -	2-2024 and assigned
Florida document number L24000427186	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida .	street address
		, Florida
	City	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.

If amending Authorized Person(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>	Name	<u>Address</u>	Type of Action
MGR	Garry House	9417 Aston Gardens Ct., apt. 104, Parkland, FL 330	76 □∧dd
			Remove
			□Change
MGR	George Germer House	9417 Aston Gardens Ct., apt 104, Parkland, FL. 330	
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
			□Change

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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, to be current's effective date on the Department of State's records.	ci onal) or filing.) Pursuant to 605.020 his date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.	b) The 90th day after the
October 31st 2024	
Richard Signature of a member or authorized representative of a member	
Signatule of a member or authorized representative of a member	