

11/7/24, 2:27 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L24000427653

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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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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****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
 305 AUTOMALL LLC**

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

H240003716733

**TO: Registration Section
Division of Corporations**

SUBJECT: 305 AUTOMALL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JADE MARTINEZ at (305) 758-9001
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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 Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Handwritten file number and date: H240003716733 2024 NOV -7 PM 4:57. Stamp: FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

305 AUTOMALL 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 10/03/2024 and assigned Florida document number L24000427853

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HATAHUALPA DE JESUS, DE LA ROSA	8084 59TH ST #2, GLENDALE, NY, 11385	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 STATE OF VERMONT
 DEPT. OF CORRECTIONS

H240003716133

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

STATE OF FLORIDA
TALLAHASSEE

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/7/2024 _____

[Handwritten Signature]

Signature of a member or authorized representative of a member

Hatahuaipa de Jesus de la rosa

Typed or printed name of signee