

12/11/24, 5:02 PM
 L24000463903
 Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
 H240004083813

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H240004083813ABC

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.
 Account Number : 120010000121
 Phone : (305)758-9001
 Fax Number : (786)410-6035

* the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: CORPORATIONS@DCS-NETWORK.COM

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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 TALLAHASSEE, FLORIDA

2024 DEC 12 PM 12:58

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SPIRIT AUTO BROKERS & SALES LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC 13 2024

424000463903

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPIRIT AUTO BROKERS & SALES 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 10/31/2024 and assigned
Florida document number L24000463903

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CORAL AUTO BROKERS LLC

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)

422 HARBOUR ROAD

NORTH PALM BEACH, FL. 33408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

422 HARBOUR ROAD

NORTH PALM BEACH, FL. 33408

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:

422 HARBOUR ROAD

Enter Florida street address

NORTH PALM BEACH

City, Florida 33408

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.

Page

If Changing Registered Agent, Signature of New Registered Agent

#240004083813

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>
MGRM	SILBERBERG, JAY M.	422 HARBOUR ROAD	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL, 33408	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 Dec 11th, 2024

Page 1

Signature of a member or authorized representative of a member

July 8

Typed or printed name of signee

Filing Fee: \$25.00