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(((H25000197815 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 : (786)410-6035 Fax Number

Enter 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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GM AUTOMOTIVE SALES LLC**

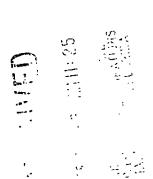
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K. SALY JUN - 4 2025





June 3, 2025

FLORIDA DEPARTMENT OF STATE Division of Corporations

GM AUTOMOTIVE SALES LLC 16395 BISCAYNE BLVD APT 314 NORTH MIAMI BEACH, FL 33160US

SUBJECT: GM AUTOMOTIVE SALES LLC

REF: L25000162489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is gibberish in most of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly FAX Aud. #: H25000197815 Letter Number: 725A00011870 Regulatory Specialist II

COVER LETTER

10: Registration S Division of Co				
GM AUTO SUBJECT:	OMOTIVE SALES LLC			
SUBJECT:	Name of Lie	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DANIELA MONSALVE			
		Name of Person		
	DEALER CONSULTING SERVICES INC Firm/Company 7537 NW 7TH AVE			
	-	Firm/Company		
	7537 NW 7TH AVE			
	,, <u> </u>	Address		
	MIAMI, FL 33150			
		City/State and Zip Code		
	CORPORATIONS@DCS-			
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	itication)	
DANIELA MONSALVI	- ,	305 758-9001		
	f Person	at () Area Code Daytin	as Tulantian a Manufacture	
raine o	a Ferson	Area Coac Dayon	ie Telephone Sumber	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ 530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co.	rporations	
P.O. Box 632		The Centre of		
Tallahassee, I	TL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, Fl. 32303

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

From: +17864105035 (DCS)



GM AUTOMOTIVE SALES LLC		- FLORIO
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records. Jumited Liability Company)	-0110
The Articles of Organization for this Limited Liability Co Florida document number LZ5000162489	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	te name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	Cvv	Zıp: 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

Jun 93, 2025 J.: 03 (UTC-04)

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	HUGGINS, MARCUS K	2931 NW 171H TER	
			DAdd
		OAKLAND PARK, FL 33311	
			□Remove
			⊠ Change
MGR	GREG TERRENCE ELLIOTT	9832 W 34TH LN	
			⊠Add
		HIALEAR, FL 33018	
			□Remove
			☐ Change
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ocument	's effective date on the Departi	nent of Stat	e's records.					
	pecifies a delayed effective date	, but not an	effective tim	e, at 12:01 a.n	i. on the earlie	rof: (b) Tl	ie 90th day al	Iter the
l is filed.								
	May 29th		2025					
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