

M24 00000 6180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

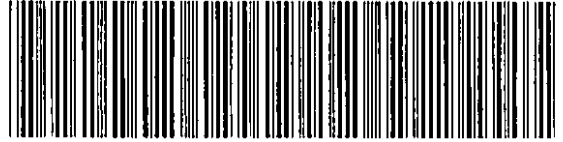
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/16/24--01001--001 **25.00

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2024 AUG 21 PM 2:26
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2024

JULIUS CLARKE
18900 NE 3RD CT APT 509
MIAMI, FL 33179

SUBJECT: DREAM AUTO GROUP LLC
Ref. Number: M24000006180

We have received your document for DREAM AUTO GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for DREAM AUTO GROUP LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 424A00016921

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AUG 21 2024

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DREAM AUTO GROUP LLC

Enter new principal office address, if applicable: 6827 PARTRIDGE LN

(Principal office address

MUST BE A STREET ADDRESS)

SUITE P ORLANDO
FL 32807

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

18900 NE 3RD CT
509 MIAMI FL, 33179

2. The Florida document number of this limited liability company is: M2400000-6180

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/22/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: JULIUS CLARKE

New Registered Office Address: 18900 NE 3RD CT APT 509

Enter Florida Street Address

MIAMI Florida 33179
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 Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

~~CHANGE OF MANAGER~~

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

CHANGE OF MANAGER (SEE BELOW)

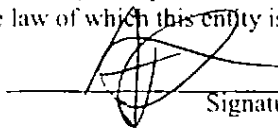
Title/ Capacity	Name	Address	Type of Action
MGR	JULIUS CLARKE	6827 PARTRIDGE LN, SUITE P ORLANDO FL 32807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	ASPHARUH RUYCHEV	447 BROADWAY 2nd FLOOR SUITE #2527 NEW YORK NY 10013	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MBR	DREAM AUTO GROUP LTD.	447 BROADWAY 2nd FLOOR SUITE #2527 NEW YORK NY 10013	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
TALLAHASSEE, FL

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FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

ASPHARUH RUYCHEV

Typed or printed name of signee

Filing Fee: \$25.00