

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (888)501-2390

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@DCSMIAMI.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN LJ.D. INC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

IN JUN 29 PM 2: 12

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Corporate Filing Menu

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TO: Amendment Section

From: Sandra Perez Fax: (888) 501-2390 To: 3506176380@rcfax cor Fax: (850) 617-6389

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COVER LETTER

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TION: LJ.D. INC				
	bmitted for filing.			
ondence concerning this ma	tter to the following:			
ASTASSIA TULIN				
	Name of Contact Person			
EALER CONSULTING SI	ERVICES			
	Firm/ Company			
537 NW 7TH AVE				
	Address			
IIAMI, FL 33150				
. •	City/ State and Zip Code	:		
DRATIONS@DCSMIAML	СОМ			
		notification)		
concerning this matter, pleas	se call:			
NASTASSJA TULIN		758-9001		
Name of Contact Person		de & Daytime Telephone Number		
he following amount made	payable to the Florida Depa	rtment of State:		
\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
ox 6327 assee, FL 32314		Suriding xecutive Center Circle		
	TION: LJ.D. INC R: P15000071792 Amendment and fee are substituted concerning this mater. ASTASSIA TULIN EALER CONSULTING SI STAND THE AVE BLAMI, FL 33150 DRATIONS@DCSMIAMI. E-mail address: (to be used to be concerning this matter, please concerning this matter concerning this matte	TION: P15000071792 Amendment and fee are submitted for filing. Interce concerning this matter to the following: ASTASSIA TULIN Name of Contact Person Firm/ Company S37 NW 7TH AVE Address HAMI, FL 33150 City/ State and Zip Code ORATIONS@DCSMIAMLCOM E-mail address: (to be used for future annual report concerning this matter, please call: at (305 Area Code Area Code S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) DE Address Imment Section Intercept Corporations ON 6327 Street Amend Division ORATIONS Cliffon Street Amend Division ON 6327		

Tallahassee, FL 32301

From: Sandra Perez

Fav: (888) 501-2390

To. 3506176380@rcfax.cor.Fax: (850) 617-6360

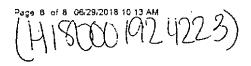
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SECRETARY OF STATE TALLAHASSEE, FLORIOL

Articles of Amendment to Articles of Incorporation of

LJ.D. INC	IALLAHASSEE.
(Name of Corporati	on as currently filed with the Florida Dept, of State)
P15000071792	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Negisteres Critice Andress.	(City) (Lip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing



If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

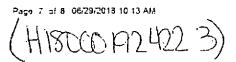
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trusiee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JAY D CASTILLO	10501 NW 68TH TERRACE
Add			DORAL, FL 33178
X Remove			
2) Change			
Add			
Remove			
3) Change		**************************************	
Add			
Remove			
4) Change	**		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From. Sandra Parez Fai: (888) 501-2390

To: '8506178330@refax cor Fax: (850) 817-8380



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ovides for an exc	hange, reclassi rodment if not	<u>fication, or e</u> contained in	ancellation of i	ssued shares,	
e, indicate N/A)			THE BINCHES	********	
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	ovides for an exe ementing the and le, indicate N/A)	ementing the amendment if not le, indicate N/A)	ementing the amendment if not contained in le, indicate N/A)	ementing the amendment if not contained in the amendmen	

From: Sandra Perez

Fax: (888) 501-2390

To: '8506178380@retax car Fax: (850) 817-8389

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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		•
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ook does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	nted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The unendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators without shureholder action and shareholder	
06/29/2018		
Dated	We Collins	
selected	ector, president or other officer — if directors or officers have not been , by an incorporator — if in the hands of a receiver, trustee, or other court ad fiduciary by that fiduciary)	
	SORAYA MCCOLLUM OLEO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	