## L24000177009

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2,
(Document Number)
(Socialite in Names)
Certified Copies Certificates of Status
Certificates of Status
·
Special Instructions to Filing Officer:





000444720170

02/19/29--01006--030 \*\*25.00

2075 FEB 19 PH 5: 15

## **COVER LETTER**

то:	Registration So Division of Cor					
SUD IEZ	~~~	pair Shop LLC				
SUBJEC	٠١:	Name of Lin	ited Liability Company	<del>.</del>		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		Irina Lukyanenko				
			Name of Person			
			Firm/Company	···		
		1308 Mallard Landing Blv	d N			
			Address			
		Saint Johns, FL 32259				
	City/State and Zip Code					
		nfrepairpro@gmail.com	to be used for future annual report notific	ation		
For furth	ner information c	oncerning this matter, please c		aum,		
Irina Lu	kyanenko		904 815-8371 at ()			
	Name o	f Person	Area Code Daytime T	Celephone Number		
Enclosed	d is a check for th	ne following amount:				
<b>■ \$2</b> 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S	Section	Street Address: Registration Secti			
	Division of C	Corporations	Division of Corpo	orations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bobcat Repair Shop LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L24000177009	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
North Florida Repair Pro LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designatio	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	- <del></del>
(Principal office address MUST BE A STREET A.	DDRESS)	
		P25
		स व
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<u> </u>
		<u> </u>
B. If amending the registered agent and/or regis	tered office address on our records,	enter the name of the new registered
agent and/or the new registered office address he	<u>:re</u> :	
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street	address
		, Florida
<del>-</del>	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

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>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		···	□Change
			□Remove
			□ Change

	,	<del></del>				
· · · · · · · · · · · · · · · · · · ·						
ective date, if	ther than the da	ite of filing:			(optiona	)
n effective date is l	ted, the date must be	specific and cannot	of be prior to date.	of filing or more than	i 90 days after filin	g.) Pursuant to 605,0207
n effective date is l	ted, the date must be	specific and cannot	of be prior to date.	of filing or more that	i 90 days after filin	g.) Pursuant to 605,0207
ite: If the date in	erted in this block	t does not meet ti	he applicable st	of filing or more that stutory filing requ	n 90 days after filin irements, this dat	g.) Pursuant to 605,0207 e will not be listed as
ite: If the date in	erted in this block	t does not meet ti	he applicable st	stutory filing requ	irements, this dat	e will not be listed as
te: If the date in	erted in this block date on the Depa	t does not meet ti	he applicable st	stutory filing requ	irements, this dat	e will not be listed a
te: If the date in	erted in this block	t does not meet ti	he applicable st	of filing or more that stutory filing requ	n 90 days after filin irements, this dat	g.) Pursuant to 665,0207 e will not be listed as
effective date is l te: If the date in	ted, the date must be erted in this block	specific and cannot does not meet the	ot be prior to date he applicable st	of filing or more that stutory filing requ	i 90 days after filin	g.) Pursuant to 605,0207
reffective date is l	ted, the date must be	specific and cannot	of be prior to date.	of filing or more that	i 90 days after filin	g.) Pursuant to 605,0207
i effective date is l	ted, the date must be	specific and cannot	of be prior to date.	of filing or more than	i 90 days after filin	g.) Pursuant to 605,0207
n effective date is l	ted, the date must be	specific and cannot	of be prior to date.	of filing or more than	i 90 days after filin	g.) Pursuant to 605,0207
ective date, if	ther than the da	ite of filing:	at ha neige to duta	Af filing or more than	(optiona	l) u ) Pursuant to 685 020'
ective date, if	ther than the da	ite of filing:			(optiona	1)
ective date, if	ther than the da	ite of filing:			(optiona	1)
ective date, if	ther than the da	ite of filing:			(optiona	1)
ective date, if	ther than the da	ite of filing:			(optiona	1)
ective date life	ther than the da	ite of filing:			(optiona	n
ctive date if.	ther than the da	te of filing:			(options	n
etiva data if	than than the da	te of filing:			(ontions	n
اهلا المالة التكليا	(l 4l 4l d				(antions	1
·						
	<del></del>					
			<del></del>			
<del></del>						<del></del>
		<del></del>				<u> </u>
	<del></del>		<del></del>			
	·				·	
		E. C.				
			<del>.</del>	<del></del>		
				. <u></u>		
	•			<del> </del>		

Filing Fee: \$25.00