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I ALBRITTON

COVER LETTER

TO: , Registration Sect Division of Corpo		· ,	
SUBJECT:	M; ntchev Name of Lim	Auto Group (ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Cbv	nistopher Mintcher Name of Person	<u>/</u>
	Minten	ev Auto Group Firm/Company	LLC
	22605	SW 66rh Ave Af	ot 206
	Bog	Ration FL 33 City/State and Zip Code	1428
	E-mail address: (1	to be used for future annual deport notificat	@ gmil, com
For further information con	ncerning this matter, please ca	all:	
Christay Name of P	Ther Mintche Person	at (315) 316 — Area Code Daytime Te	3537 lephone Number
Enclosed is a check for the	following amount:		
¥\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ection	Street Address: Registration Section	
Division of Cor	гроганопѕ	Division of Corpor	สนอกร

P.O. Box 6327

Tallahassee, FL 32314

RECEIVED
JUL 1 4 2020

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



June 29, 2020

CHRISTOPHER MINTCHEV 22605 SW 66TH AVE APT. 206 BOCA RATON, FL 33428

SUBJECT: MINTCHEV AUTO GROUP LLC

Ref. Number: L18000236012

We have received your document for MINTCHEV AUTO GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Letter Number: 920A00012818

Irene Albritton
Regulatory Specialist II

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AKTICLE	S OF AMENDMENT
•	TO 💆 🗸
ARTICLES	OF ORGANIZATION
	OF
	4
A A	
/Vintaker Au	ty Company as it now appears on our records.) Limited Liability Company)
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it nowlappears on our records.) Limited Liability Company)
(1 1
The Articles of Organization for this Limited Liability C	company were filed on 10/04/2018 and assigned
1 / 2000 00 (All the All the A	ompany were fried on and assigned
Florida document number <u>L 18000 23601</u>	<u>d</u> .
This amondment is submitted to amond the fallowing.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Mintchev	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Mintcher Enterprises L
• • • • • • • • • • • • • • • • • • • •	5770 1 200
<u>(Principal office address MUST BE A STREET ADDR</u>	CoConut Creek, FL 33073
	CoConut Creek, FL 33073
	,
	Mintales Florages 110
Enter new mailing address, if applicable:	Mintcher Enterprises LLC 5379 Lyons RD #937 Coconut Creek, FL33073
(Mailing address MAY BE A POST OFFICE BOX)	5379 Lyons RD #937
	Cocnat Creek FL 33073
n	1 -65
b. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
	AA. 1
Name of New Registered Agent:	Christopher Mintcheu
	6279 1 1 A C R N # 927
New Registered Office Address:	Enter Florida street address
	COCONUL Creek, Florida 33073
"	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>Address</u> Type of Action Title <u>Name</u> 22605 SW 66th Ave DAdd Owner Christopher Mintcheu Apt 206 Boxa Raton FL Corremove 33428 OCOMO (rec Remove Manager Christopher MGR Mintcher # 937 COCONUT Creek | Remove 33073 _ Change _____
Remove _____ □Change □Add □ Remove

_____ □Change

Ifamen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
	
	
(If an effective Note: If	e date, if other than the date of filing:
he record ord is filed	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 d.
Dated _	June 3rd, 2020.
	Chan Miles
	Signature of a member or authorized representative of a member
	Christopher Mintcheu Typed or printed name of signee

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