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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 23 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUX AUTO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Egidijus Ramoska

Name of Person

Lux Auto , LLC

Firm/Company

9420 Lazy Lane , unit B-17B

Address

TAMPA , FL 33614

City/State and Zip Code

egidijus.ra@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Egidijus Ramoska

Name of Person

at (**727**)

686-9918

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LUX AUTO,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/03/2007 and assigned
Florida document number L07000101041.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUX AUTO,LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9420 Lazy Lane ,unit B-17B

Tampa , FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9420 Lazy Lane , unit B-17B

Tampa , FL 33614

B. If amending the registered agent and/or registered office 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:

Anatoliy M. Li

New Registered Office Address:

9420 Lazy Lane , Unit B-17B

Enter Florida street address

TAMPA

City

, Florida

33614

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 608, 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.

ANATOLIY LI

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anatoliy M. Li	20314 Ash Grove Lane Tampa, FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Egidijus Ramoska	1185 58th Street N. #303 St Petersburg, FL 33710	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rasuole Ramoskiene	1185 58th Street N. #303 St Petersburg, FL 33710	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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11 JUN 22 AM 10:25
CLERK OF COURT
PALM BEACH COUNTY, FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member

EGIDIJUS RAMOSKA

Typed or printed name of signer