# U300102785

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



800262396348

800262396348 07/18/14--01014--006 \*\*60.00





# **COVER LETTER**

Division of Corporations
SUBJECT: 6EMURY BODY SHOP 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:
61Eb ROYTMAN Name of Person
CENTURY BODY SHOP
3740 NW 78th STREET BAY #1
MIAMI FL 33147 City/State and Zip Code
CENTURY BODYSHOPO GMAIL.COM.
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Vyatheslav Fedotov at (305) 694 55 05
70 <b>7</b>
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section

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

(ENTURY B	DOY SHOP LLC
( <u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L1300010</u>	lity Company were filed on $049/2013$ and assigned $2785$
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L L C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the new eaddress here:  Vyacheslav Fedotov
New Registered Office Address:	Enter Florida street address
	. Florida
	Cav Ziji Cade 🕳
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper a accept the obligations of my position as registe.	gent and agree to act in this capacity. I further agree to Comply with the and complete performance of my duties, and I am familiate with and red agent as provided for in Chapter 605, F.S. Or, if this doctoment is isstered office address, I hereby confirm that the limited liability ange.
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Name
Vyaches av Tedotov Apt. 4, BAY HARBORD A.

Type of Action
Apt. 4, BAY HARBORD A.

FL 33154 Add Title ☐ Remove □ Remove \_\_\_\_ 🗖 Remove □ Add ☐ Remove □ Add

☐ Remove

	<u> </u>			
				_
effective date must b	her than the date of fi be specific, cannot be prior to is filed by the Florida Depart	o date of receipt or filed	date and cannot be more	(optional) than 90 days after
effective date must be date this document i	be specific, cannot be prior to	o date of receipt or filed	date and cannot be more	(optional) than 90 days after
effective date must b	be specific, cannot be prior to is filed by the Florida Depart	o date of receipt or filed innent of State)	date and cannot be more	than 90 days after

Page 3 of 3

Filing Fee: \$25.00

.5814 JUL 18 PM 4:18