# L13000171361

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. Busels APR 44



## **COVER LETTER**

TO: Registration Sec Division of Corp		4.	.**
SUBJECT:	Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mike 1	Name of Person	
		Firm/Company	
	<u>491 St</u>	anley Cup	Dr
	Las V	City/State and Zip Code	89/10
	E-mail address: (	lea 2006 W	Value, com
For further information co	oncerning this matter, please ca	all:	
MAKSI M Name of	SOROKI M	at (305 393 Area Code Daytime	7868 Telephone Number
Enclosed is a check for th	ne 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** 

Good Auto /	11.0
'Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on $12-12-2012$ and assigned $2512000171361$
This amendment is submitted to amend the following	ing:
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 Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	SSEE. FLORI
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Regi	,

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mike Logan	491 Stanley Cup LAS VEGAS, NV, 89	Driverada
		LAS VEGAS, NV, 89	Remove
	<del></del>		
			Remove
		<i>t</i> ;	14 APRZ 4 PE 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA
			SSEC PRIMOVE
			: 30 IAIF ORIDA
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			□ Remove
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			□ Remove
		<del></del>	
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
OU 1/82 /2 O / //
Dated $\frac{OQ}{IOZ}$ , $\frac{I}{Z}$
Signature of a member or authorized representative of a member
MAKSIM SOROKIN
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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