114000092623

OLE 6 JURECICO (Requestor's Name)
(Requestor's Name)
7/60 MODEL all
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Pensacola FL 32526
(1001000)
251-979-6173 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
1URTRANS CCC (Business Entity Name)
(Business Entity Name)
<u>L14000092623</u>
(Document Number)
Certified Copies Certificates of Status
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2015 SEP 24 P 12: 58
SECRETARY OF STATE
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SEP 2 5 2015 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

OLEG IURECICO 7160 MOORE AVE PENSACOLA, FL 32526

SUBJECT: IURTRANS LLC Ref. Number: L14000092623

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P96000092490.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00019314



RECEIVED

15 SEP 14 AM 8: 16

FLORIDA DEPARTMENT OF STATE COETARY OF STATE Division of Corporations (ALLAHASSEE, FLORIDA

September 2, 2015

OLEG IURECICO 7160 MOORE AVE PENSACOLA, FL 32526

SUBJECT: IURTRANS LLC Ref. Number: L14000092623 SECRETARY OF ST TALLAHASSEE. FLO

We have received your document for IURTRANS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

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The document number of the name conflict is P96000085396.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 215A00018544

COVER LETTER

TO:		istration Sec sion of Corp				
SUBJE	CT:	IURTRANS	LLC			
			Name of Lim	ited Liability Company		
			Amendment and fee(s) are sub	_		
			OLEG IURECICO			
				Name of Person		
			IURTRANS LLC			
				Firm/Company		
			7160 MOORE AVE			
				Address		
			PENSACOLA FL 32526		TA:s 20	
				City/State and Zip Code	2015 SEP 24 SECKETARY ALLAHASSE	T
			IURECICOOLEG@YAHC	O.COM to be used for future annual report notific	ation) P	
For furt	her in	formation co	oncerning this matter, please ca	all:	u P	TITU
OLEG	IURE	CICO		251 979 - 6173	STAT CLORII	,
		Name of	Person		Telephone Number	
Enclose	d is a	check for the	e following amount:			
\$25	5.00 F	iling 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

(Name of the Limited Lighlity Co	mpany as it now appears an our records	1	
(A Florida Limi	mpany as it now appears on our records. ted Liability Company)	J	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L14000092623}{L14000092623}$	any were filed on 06/10/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company here:		
MD AUTOGROUP "LLC"			
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2880 N W ST PENSACOLA FL	. 32505	
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registereregistered agent and/or the new registered office address		P 24 P IZ:	
Name of New Registered Agent:	 		
New Registered Office Address:	Enter Florida street address		
	, Florida		
		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 Type of Action Address** <u>Title</u> <u>Name</u> _**■** Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ... □ Add ☐ Kemove П U hange 5**8** □ Add· ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605	5.02
te: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be list	ted:
cument's effective date on the Department of State's records.	-	
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earli	er
the sour day after the record is filed.		
ed		
· MAA		
AMA		
	Assistant of the control of the cont	
Signature of a member or authorized represen	manive of a member	
OFEC TIBECICO		
OLEG IURECICO		
Typed or printed name of sign	nee	

D. II amending any other miorination, enter enange(s) here: (Anach accumonar sneeds, if necessory.)

Page 3 of 3

Filing Fee: \$25.00