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## **COVER LETTER**

SUBJECT:	Sales and Repairs LLC			
	Name of Limi	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:		
	Yuriy Ryabov			
		Name of Person	<del></del>	
	Duval Auto Sales and Repa	airs		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	6372 Greenland Rd #5			
	******	Address		
	Jacksonville, FL 32258			
		City/State and Zip Code		
	duvalautosalesandrepair@g			
		to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Maria Ryabov		904 4180728 at ( )		10
Name o	l' Person		Telephone Number	20 844 -5
Enclosed is a check for th	ne following amount:			- A - C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
■ \$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 Sta Certified Copy (additional copy is en	BIORAIR FORAIIO
Mailing Addres	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations

P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duval Auto Sales and Repairs		32
(Name of the Limited L (A F	iability Company as it now appears on our re lorida Limited Liability Company)	and assigned
		1000
The Articles of Organization for this Limited Liabil		and assigned -
Florida document number [.14000112682		To the second se
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<del></del>	
B. If amending the registered agent and/or regis		nter the name of the new registe
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
_	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 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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Konstantin Ryabov	3757 Moorings Ln. Jacksonville FL 32257	<b>=</b> Add
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			□Change
			🗆 Add
			□Remove
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
the recorecord is fil	I 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 ed.
	April 30th 2020
Dated	April 30th 2020
	A-t-

Typed or printed name of signee