L15000121338

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SECRETARY OF STATE

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Division of Co							
ST SER'	VICE BRANCH LLC						
Name of Limited Liability Company							
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	MAXIM STROGANOV						
		Name of Person					
	MOBIL 1 Lube Express						
		Firm/Company					
	6500 W. Commercial Bo	oulevard					
		Address					
	Lauderhill, FL 33319						
		City/State and Zip Code					
	007dragon.ma@gmail.co	om to be used for future annual report noti	figution)				
For further information	concerning this matter, please co	•	neations				
Maxim Stroganov		305 587-6028					
Name	of Person	Area Code Daytim	e Telephone Number				
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

FILED

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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ST SERVICE BRANCH 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 ______ and assigned Florida document number L15000121338 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6500 W. Commercial Blvd. Enter new principal offices address, if applicable: Lauderhill, FL 33319 (Principal office address MUST BE A STREET ADDRESS) 6500 W. Commercial Blvd. Enter new mailing address, if applicable: Lauderhill, FL 33319 (Mailing address MAY BE A POST OFFICE BOX) 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: n/a Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		Remove
			☐ Change
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fective date, if other than the in effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be prior to ock does not meet the applicabl	date of filing or more than 90	(optional) days after filing.) Pursuant to 6 nents, this date will not be li	05.0207 (3)(b) sted as the
record specifies a delayed The 90th day after the rec	l effective date, but not a ord is filed.	an effective time, at	12:01 a.m. on the ear	lier of:
November 2	2015			
		•		
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	Signature of a member or authoriz	ed representative of a memb	er	

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Filing Fee: \$25.00