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MAY 12 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	AFFORD C	ARS LLC ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter		•	
	Sherz	ad Atabayev Name of Person		
	AFF	FORD CARS	LLC	
	5902 SW	25th Street,		
•		City/State and Zip Code _bub @ yahoo.cc to be used for fitture annual report notif		SECRETARY OF STATES
For further information c	oncerning this matter, please co			FLOW 2
Sherzad A	·	_{at} (305) 396-	7717 Telephone Number	5
Enclosed is a check for the	-			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional.copy.ts.enclosed)	□ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose	

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 Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 05/08/17 Florida document number \(\Lambda 15000153974. \)	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEGRETARY O
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent:	the name of the new
New Registered Office Address:	
Enter Florida street address	<u></u>
, Florida	
City	Z:; Code
New Registered-Agent's Signature, if changing Registered-Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further age	

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manage

AMBR = A	uthor æd Member			,
<u>Title</u>	<u>Name</u>	,	Address	Type of Action
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f an effec <u>Note:</u> If	e date, if other than the date of filing:	ant to 605 of be liste	.0207 (3)(b ed as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.	e earlie	≘r of:
	(am)		
Dated	May 8th . 2017		
 Dated	Signature of a member or wharized representative of a member		

Page 3 of 3

Filing Fee: \$25.00