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COVER LETTER

Division of Cor			
SHRIECT. AU	Holapan LLC		
Subject.	Name of Limited	Liability Company	
	Amendment and fee(s) are submitt		
Please return all correspondence	ondence concerning this matter to t	he following:	
	Muton	Kullserro	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Auto/anan	1.10	
		Firm/Company	
	100 We verly	Firm/Company Way # 202 Address	
	Cleasws	Ler Fl 33756 City/State and Zip Code	<u> </u>
	323 4444 Q E-mail address: (to b	Crna / COIII e used for future annual report notific	cation)
For further information	concerning this matter, please call:		
Ame	£011	at (<u>727)</u> <u>240</u> <u>S</u> Area Code Daytime	7545
Name (of Person	Area Code Dayume	reteptione southoer
Enclosed is a check for t		X	V
\$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

TO ARTICLES OF ORGANIZATION OF

AUTOIADAK	V
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 15000 183308</u> .	spany were filed on $\frac{14/13/90-15}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	Hiability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	s nere.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MG/2	Serbii Kutsenko	Proskupo of SAP.12 Kharnor Elkraine	iDAdd
		Charkor Ukraine	☐ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (3)(ments, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at b) The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated	
Vienture of a member or authorized representative of a member	her
Anton Ky Tsonke Typed or printed name of signee)

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Filing Fee: \$25.00