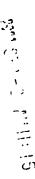
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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09/08/21--01027--002 \*\*25.00





## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: <u>AUTOJAP</u>	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANTON KUTSENKO		
		Name of Person	
	AUTOJAPAN LLC	Firm/Company	<del></del>
	4906 TRENTON ST		
		Address	
	TAMPA, FL 33619	City/State and Zip Code	
	kucenko@gmail.com	to be used for future annual report notif	lection)
For further information c	oncerning this matter, please ea	•	ivanion
ANTON KUTSENKO		at (813 ) 867-7111	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	rtion
Division of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Li	ability Company	were filed on 11/13/2015	and assigned
Florida document number <u>L15000192308</u>	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	4906 TRENTON ST	
(Principal office address MUST BE A STREE	T ADDRESS)	TAMPA, FL 33619	<del></del>
		<del></del>	
Enter new mailing address, if applicable:		4906 TRENTON ST	<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	TAMPA, FL 33619	1,0
		-	
B. If amending the registered agent and/or re agent and/or the new registered office addres		address on our records,	enter the name of the new registered
Name of New Registered Agent:	ANTON KUTS	SENKO	
New Registered Office Address:	4906 TRENTO	ON ST  Enter Florida street	address
	TAMPA, FL		_, Florida 33619
		City	Zip Code

## lew Registered Agent's Signature, if changing Registered Agent:

**AUTOJAPAN LLC** 

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTON KUTSENKO	4906 TRENTON ST	□Add
		TAMPA, FL 33619	□Remove
			<b>□</b> Change
		<del></del>	□ Add
			□Remove
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ctive 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 E: If the date inserted in this block does not meet the applicable statu iment's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020
ord specifies a delayed effective date, but not an effective time, at 12 filed.	::01 a.m. on the earlier of: (b) The 90th day after th
d <u>SEPTEMBER 2</u> , <u>2021</u> .	
Anhul / Signature of a member or authorized repr	