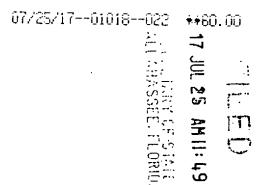
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(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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Y SULKER

## **COVER LETTER**

TO:

<sup>1</sup>Registration Section

Divis	sion of Corp	porations			
	AUTOBAZ	A LLC			
SUBJECT: _		Name of Lim	ited Liability Comp	oaný	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return a	all correspoi	ndence concerning this matter	to the following:		
		DENIS MILOVANOV			
			Name of Per	rson	
		AUTOBAZA LLC			
			Firm/Comp	an <b>ý</b>	
		1830 S Ocean dr STE 3409	9		
		<del>-</del>	Address		
		Hallandale, FL, 33009			
		autobazallc@gmail.com	City/State and Z	ip Code	
		-	to be used for future	e annual report notif	leation)
For further int	formation co	oncerning this matter, please ca	all:		
Denis Milova	inov		312	241-8233	
	Name of	Person	at ( Area Co	ode Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:			
□ \$25.00 Fi		S30.00 Filing Fee & Certificate of Status	□ \$55.00 Fili Certified ( (additional c		■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ation Section n of Corporations ox 6327 ssee, FL 32314	R D C 2	TREET/COURI Legistration Section Division of Corpor Clifton Building 661 Executive Ce Callahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTOBAZA LLC

company has been notified in writing of this change.

( <u>Name of the Limit</u>	ted Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n <u>our records.</u> )	
The Articles of Organization for this Limited L Florida document number L17000007435	iability Company	were filed on	/2017	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	<b>:</b>	
The new name must be distinguishable and contain the w	vords "Limited Liabil	lity Company," the desig	anation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1830 S Ocean dr st	e 3409	
(Principal office address MUST BE A STREET ADDRESS)		Hallandale, FL, 33	009	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	or registered of		009	Sthe mame of the new
Name of New Registered Agent:	Denis Milovano	ov		
New Registered Office Address:	1830 S Ocean o	Ir ste 3409		
		Enter Florida	street address	
	Hallandale		, Florida .	33009
		City 		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agra	ee to act in this cap	pacity. I further o	agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

GR = M $MBR = A$	lanager authorized Member		
tle	<u>Name</u>	Address	Type of Action
GR	BORTNIKOV, ALEXANDR	1420 ATLANTIC SHORES BLVD	
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			Change
IGR RALCHENKO, DENIS	RALCHENKO, DENIS	501 THREE ISLANDS APT 312	B Add
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			Change
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		Remove	
			Change

O7724/2017  Coptional)  Optional (optional)  Option	on, enter change(s) here. (Anach daditional sheets, if necessary.)
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	ignature of a member or authorized representative of a member
Denis Milovanov	

Page 3 of 3

Filing Fee: \$25.00