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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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то:	Registration Se Division of Cor			
CHID III/	AUTOBA2		•	₩-
SUBJEC	JI:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are sub-	-	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		DENIS MILOVANOV		
		·	Name of Person	
		AUTOBAZA LLC		
			Firm/Company	
		3997-3999 West Hallandal	e Beach BLVD	
			Address	
		West Park, FL, 33023		
		autobazallc@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	ication)
For furth	ner information o	concerning this matter, please ca	all:	
Denis M	filovanov		786 614-2258 at ()	
_	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for t	he 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:

TO:

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

TU ARTICLES OF ORGANIZATION **OF**

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AUTOBAZA LLC

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records da Limited Liability Company)	\mathbf{u}_{i}^{p} , $i \in \mathbb{N}$
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	gistered office address on our records	s, enter the name of the
registered agent and/or the new registered office ac	Idress here:	
Nissa a CN Daviotared Amont		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	3
	Fi	orida
	City	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANDREY SHEPELEV	3997 West Hallandale Beach BLVI	
		West Park F1, 33023	B Add
		West Fair 11, 33023	Remove
			☐ Change
			Add
			□ Remove
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E. Effective date, if other	than the date of filin	07/03/2018		(optional)
 (If an effective date is listed, t 	he date must be specific and I in this block does not i	d cannot be prior to da meet the applicable	te of filing or more than 90	days after filing.) Pursuant to 605.0207 (3) nents, this date will not be listed as the
f the record specifies a b) The 90th day after	delayed effective of the record is filed.	date, but not an	effective time, at	12:01 a.m. on the earlier of:
07/03	Λ	2018		
Dated		,,		
	X /m			
	Signature of a	member or authorized	I representative of a memb	our
Denis Milova	nov			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00