L1100000 7435

(Re	questor's Name)	
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(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	1
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COVER LETTER

TO:

TO:		tration Section of Corp		_		
		NUTOBAZ				
SUBJE	CT: _		Name of Limi	ted Liability Company		
The enc	:losed A	Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please t	return a	II correspo	ndence 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			
			autobazalle@gmail.com	City/State and Zip Code	:	
			E-mail address: ()	o be used for future annua	I report notifie:	ation)
For furt	ther infe	ormation co	oncerning this matter, please ca	ill:		
Denis l	Milovai	nov		,	14-2258	
		Name o	f Person	at () Area Code	Daytime T	'elephone Number
Enclose	ed is a c	heck for th	ne following amount:			
■ \$23	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registra Divisio	ET/COURIEI ation Section n of Corporati Building	R ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on ou nited Liability Company)	r records.)
ipany were filed on	and assigned
AUTOBAZA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) es of Organization for this Limited Liability Company were filed on 1.17000007435 diment is submitted to amend the following: Inding name. enter the new name of the limited liability company here: Inding name. enter the new name of the limited liability Company. The designation LLC or the abbreviation LLC. In principal offices address, if applicable: Indices address MUST BE A STREET ADDRESS) Indices address MUST BE A STREET ADDRESS) Indices address on our records, enter the new name of the new Lagent and/or the new registered agent and/or registered office address on our records, enter the name of the new Lagent and/or the new registered office address here: Same of New Registered Agent: State Florida street address Enter Florida street address Florida	
I liability company here:	
Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
<u>ss)</u>	
	2
red office address on our <u>is here</u> :	
Enter Florida stre	vet address
	. Florida
the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "L.L.C." ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) ered agent and/or registered office address on our records, enter the name of the new new registered office address here: tered Agent: ce Address: Enter Florida street address	
1	I liability company here: Liability Company," the designation (SS) red office address on our shere:

If Changing Registered Agent, Signature of New 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 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
AMBR	DENIS MILOVANOV	3997 West Hallandale Beach BLVI	n Add
			[] Add
		West Park FL 33023	
			Change
			🗖 Add
			Remove
			Change
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ective date, if other than the date of filing: 11/01/20 11/01/20 11/01/20)19 	1	optional)		
n effective date is listed, the date must be specific and cannot be prior t <u>ste:</u> If the date inserted in this block does not meet the applica	ar date of ming of	more than 90 day ing requirement	s after filing.) s. this date v	Pursuar vill not	nt to 605,0 be listed
cument's effective date on the Department of State's records.	•	2 1			
record specifies a delayed effective date, but not	an effective	time, at 12:	01 a.m. c	n the	earlier
The 90th day after the record is filed.					
11/01					
ted	_·				
- V V~~					
	- 1	va of a mambar			
Signature of a nember or author	rized representati	ve or a member			

Page 3 of 3

Filing Fee: \$25.00