L17000084674

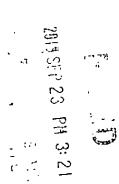
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D. WELTE

COVER LETTER

TO:	Registration Sec Division of Corp		••	**
SUBJI	A&P MOBI	LE AUTO SERVICE LLC		
SUBJ	.cr:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ALEKSANDR POLINSKI	Y	
			Name of Person	
		A & P MOBILE AUTO SE	ERVICE LLC	
			Firm/Company	
		24 BELLMORE PLACE		
			Address	
		PALM COAST, FL 32137		
			City/State and Zip Code	
		dpolalex@gmail.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For fu	ther information co	oncerning this matter, please ca	nll:	
ALEX	POLINSKIY		917 971-4072 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & P MOBILE AUTO SERVICE LLC

2019 SEP 23 PH 3: 21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/17/2017}{}$ and assigned Florida document number _____L17000084674 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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	ANTONY A POLINSKIY	24 BELLMORE PLACE PALM COAST, FL 32137	Add
			Remove
			Change
		 -	Add
		·-··	☐ Remove
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Effective dat	e, if other than the dat	SEPTEMBER 13, 2 e of filing:	(optional)	
(If an effective da Note: If the o	ite is listed, the date must be s late inserted in this block	pecific and cannot be prior to date of loss not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant to 60 utory filing requirements, this date will not be lis	5.020 ted a
document's et	fective date on the Depar	ment of State's records.	,	
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) The 90th	day after the record	ective date, but not an er is filed.	fective time, at 12:01 a.m. on the earl	er c
CONTR	WOED IS	2010		
Dated SEPTE	MBER 13	, 2019		
	Jeun	the second		
	Sigr	ature of a member or authorized rep	presentative of a member	
AI.	EKSANDR POLINSKIY			
		Typed or printed name of		

Page 3 of 3

Filing Fee: \$25.00