

LS7000 111978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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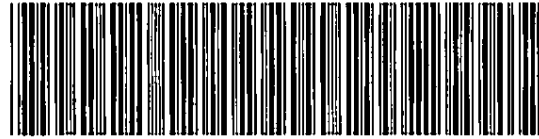
(Business Entity Name)

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02/28/20--01020--022 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AND COMMERCE
MASSACHUSETTS

2020 FEB 28 AM 7:12

FILED

MAR 20 2020
S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **ABSOLUTE AUTO SALES, L.L.C.**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAZAKOV, DMYTRO

Name of Person

ABSOLUTE AUTO SALES, L.L.C.

Firm/Company

814 SW 5TH COURT

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

fastrenovationsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAZAKOV, DMYTRO

561 503-9955
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 FEB 28 AM 7:12
CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new mailing address, if applicable:

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:

Enter Florida street address

Florida

Civ'

Zip Code

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member

DMYTRO KAZAKOV

Filing Fee: \$25.00