

L17000 204 931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

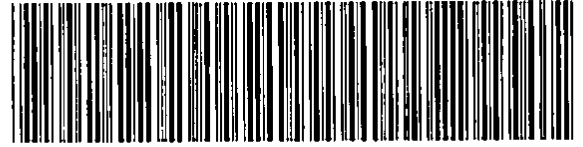
(Business Entity Name)

(Document Number)

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2019 AUG -5 P 2 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2019
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

HQ Auto, LLC
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:

PAVEL NEKHOROSHEV

Name of Person

HQ Auto, LLC

Firm/Company

5612 Plunkett St, Unit 4

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

HQautoLLC@hotmail.com

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

For further information concerning this matter, please call:

PAVEL NEKHOROSHEV

Name of Person

at (917)

Area Code

774-5675

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HQ AUTO LLC

FILED

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

1838 006 - 5 P 2 57

The Articles of Organization for this Limited Liability Company were filed on 10/23/17 and assigned
Florida document number L17000204931

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

same
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:

PAVEL NEKHOROSHEV
5612 PLUNKETT ST, Unit 4
HOLLYWOOD, Florida 33023
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.

[Signature]
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--|--|
| AMBR | Maia Trachenko | 2780 NE 183rd Street Unit 704 Aventura, FL 33160 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | PAVEL NEKHOROSHEV | 5612 PLUNKETT STREET HOLLYWOOD, FL 33023 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | VITALII TRACHENKO | 2780 NE 183rd Street Unit 704 Aventura, FL 33160 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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07/26/2019

(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

July 27th 2019

Signature of a member or authorized representative of a member

PAVEL NEKHOROSHEV

Typed or printed name of signee

VITALII TRACHENKO