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(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Name	e)
(Dc	cument Number)	
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M. MILLIGAN MAR 20 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Citywide Auto Grow UC 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:
Maksim Gondlin Name of Person
Citywide Auto Group U.C.
2311 S. Cypres Bond Drive Apt #419
Pompono beach FL 33069 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Malsin Gonde at (718) 510-6593 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

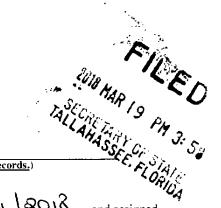
MAILING ADDRESS:

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**



Atmicho Lita Gara IIC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number This amendment is submitted to amend the following:	were filed on 03 01 8018 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 650A Bompano Beach, FL 33064
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2311 S. Cupress Bend Drive Apt # 419 Pompono Beach, FL 33069
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new \underline{e} :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Naksim Goradkin	2311 S. Cypress Bend Dri	<i>IE</i> _□ Add
		Ap+#419	☐ Remove
		Pompano Beach, FL 3301	59 Change
			🗖 Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
			Remove
			Change
		Name of the Control o	🗆 Add
			Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)		
•		•		
	 			
				
	·			
				
(If an e Note	ctive date, if other than the date of filing:	ng.)Pursuant (to 605.02 se listed (07 (3)(b) as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the e	earlier	of:
Date	March 14th 2018.			
	Signature of a member or authorized representative of a member		: 22	
		ירני		
	Maksim Goodkin Typed or printed name of signee	- 2 2	_¥ -X	Ţ,
	. 2 pad of printed mane of signer	ASS ASS	19	7
		33 0 A		
	Page 3 of 3	44,44	7	# T T

Filing Fee: \$25.00