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(Reque	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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COVER LETTER

TO:		istration Sec ision of Corp				
eun i	II V COURT	Zviger Auto	LLC			
SUBJ	ECT:		Name of Lim	ited Liability Company		
The e	nclosec	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	e return	all correspon	ndence concerning this matter	to the following:		
			Mykyta Zviagintsev			
				Name of Person		
			Zviger Auto LLC			
			-	Firm/Company		
			518 NE 199th Ln			
				Address		
			Miami, FL 33179			
			Zuiger 2 Quebes com			
			Zviger2@yahoo.com E-mail address: (rt notification)		
For fi	irther is	nformation co	oncerning this matter, please ca	all:		
Myky	⁄ta Zvi	agintsev		828 615527	78	
		Name of	f Person	Area Code D	aytime Telephone Number	
Enclo	sed is a	echeck for th	e following amount:			
■ \$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &

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

Zviger Auto LLC		•
(Name of the Limited	Liability Company as it now appears or Florida Limited Liability Company)	our records.)
		.
The Articles of Organization for this Limited Liab	fility Company were filed on $\frac{07/26}{1}$	/2018 and assigned
Florida document number L18000179817	<u> </u>	HILL HILL HILL HILL HILL HILL HILL HILL
		553 9 7
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	平 型
		CAL 2:1
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation Q.L.C."
Enter new principal offices address, if applicab	łe:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or	registered office address on or	ir records, enter the name of the ne
registered agent and/or the new registered offic	e address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		F1
	City	, Florida 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.

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	Mykyta Zviagintsev	518 NE 199th Ln, Unit 3R	= Add
		Miami, FL 33179	□ Remove
			Change
			Add
			Remove Change
			PA DXdd
			Remove Change
.			Add
			Remove
			Change
			□ Add
			Remove
			Change
			☐ Add
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Effective date, if other than the	data of filing	07/27/2018	3	,	optional)	
f an effective date is listed, the date must Note: If the date inserted in this bluocument's effective date on the D	t be specific and o ock does not me	cannot be prior cet the applic	able statutory fi	r more than 90 days	after filing.) Pursua	int to 605.020 it be listed as
ne record specifies a delayed	d effective da	ate, but no	t an effectiv	e time, at 12:	01 a.m. on the	e earlier o
The 90th day after the rec	ord is filed.					
Dated		2018				
Jaico	·		117			
			////	tive of a member		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee