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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

\*\*Enter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please.\*\*

 Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KS BODY SHOP, L.L.C.

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## COVER LETTER

TO: R	legistration S livision of Co	ection rporations		
SUBJECT	KS BODY	SHOP, L.L.C.		
		Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		YERMENKO, TARAS		
			Nume of Person	<del></del>
		KS BODY SHOP, L.L.C.		
			Firm/Company	<del></del>
		2090 NW 36TH STREET		
		<del></del>	Address	
		MIAMI, FL 33142		
		eremenkotaras@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for luture annual report noti	fication)
For further	information co	oncerning this matter, please co	all:	
YERMENI	KO, TARAS		786 757-0737	
	Name of	Person	at (at Code Duytim	c Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fec	S30.00 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

05/15/2019 01:48 PM FAX 9548422936

SORSHER & ASSOCIATES

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 AUG 15 AH 2: 0=

KS BODY SHOP, L.L.C.

(Name of the Limited Liab (A Flori	pility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document numberL19000197974	Company were filed on 08/05/2019	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new mane must be distinguishable and contain the words "Li	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our re dress here:	ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
-		_, Florida
N. B. C.	Ciţi	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

08/15/2019 01:46 PM FAX 9548422936 SORSHER & ASSOCIATES

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	YERMENKO, TARAS	2090 NW 36TH STREET MIAMI, FL 33142	D Add
			Remove
AMBR	YEREMENKO, TARAS	2090 NW 36TH STREET	Сһипде
		MIAMI, FL 33142	
			П Remove
			Change
			□ Add
			Change
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			G Remove
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<del></del>			D Add
			Remove
		_	C Change

/2019 If ame	01:46 PM FAX 9548422936 ending any other information, ent-	SORSHER & ASSOCIATES er change(s) here: (Attach additional sheets, if no.	<b>2</b> 0005.
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Effectiv	ve date, if other than the date of ti	ling: (opti and cannot be prior to date of filing or more than 90 days after	onal)
li un effe <u>Note:</u> I	ctive date is listed, the date must be specific f the date inserted in this block does no	and cannot be prior to date of filing or more than 90 days after of meet the applicable statutory filing requirements, thi	r lifting.) Pursuant to 605.020 s date will not be listed a
docume	nt's effective date on the Department of	of State's records.	
ne reco	ord specifies a delayed effective 90th day after the record is file	e date, but not an effective time, at 12:01 a	a.m. on the earlier o
me.	outh day after the record (5 file	cu.	
Dated	08/15	2019	
Daice _			
		La inember or authorized representative of a member	
	- Gere	menko Taras Typed or printed name of signee	
		Typed or printed name of tippes	<del></del>

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