U9000302293

(Re	questor's Name	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	· -····
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Office Use Only



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12/20/23--01014--023 **60.00

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	2/2 / Name of Limit	Auto LLC ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	MAKSIN	1 2ASLAVS Name of Person	SKY
	212 /	Auto LL Firm/Company	
	5748 F	Address	02
	FLORIDI AM2 E-mail riddress: (10	City/State and Zip Code 999 GCO S be used for future annual report not	BAL COM
For further information (concerning this matter, please cal		
MACSIM Name o	2AS LAVShiy	at (305) 707 Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L/90003022</u>	inpany were filed on $12/1/20/9$ and assigned 93
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SSI UNIT # 0 BOCA RATON 176 33486
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME 22 F
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
C7	MAUSIN PASLAUSKIY
New Registered Office Address: 3 + Boo	Enter Florida street address CA RATON Florida 33486 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.

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

Title	<u>Name</u>	Address	Type of Action
MCP	Anastasia Cheeke	S 5748 Fox Hollow	
		unio D	□Remove
		BOCA RATON FL 3348	6 □Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			Change
			_ □Add
			_ 🗆 Remove
			_ Change
			_ 🗆 Add
			Remove
			_ □Change
			_ □Add
			_ □Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: Effective date, if other than the date of filing: (optional)
(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) 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00