## LZ0000254357

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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
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Special Instructions	s to Filing Officer:	

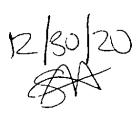
Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC'	ATV MOT	ORS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Vasilii Bobkov		
			Name of Person	<del></del>
		L20000254357		
			Firm/Company	<del></del>
		5666 rodman str ste4		
			Address	
		hollywood fl 33023		
			City/State and Zip Code	<del></del>
		atvmotorsllc@gmail.com		
For furthe	r information c	oncerning this matter, please ca	to be used for future annual report r	iouncation)
dmitri osi	penkov		754 423 8808	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed i	is a check for th	ne following amount:	•	
S25.0	0 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 Addres		Street Address:	
	Registration S Division of C		Registration : Division of C	
	O Boy 632			f Tallaharraa

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATV MOTORS LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records nited Liability Company)	<u>r')</u>
he Articles of Organization for this Limited Liability Comp	pany were filed on 08/18/2020	and assigned
lorida document number L20000254357		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		202
		7020 NOV
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		: 33 m
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		🗎 ယ့
I. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter t</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
		ridaZip Code
	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.

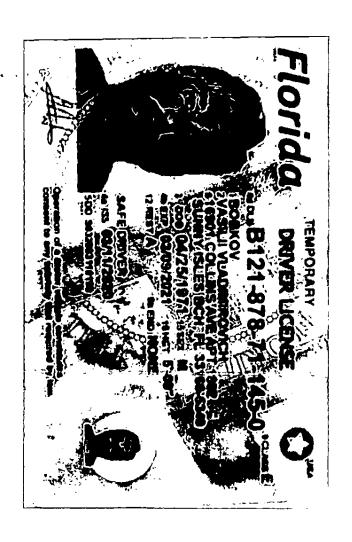
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	dmitri osipenkov	5666 rodman str ste 4 hollywood fl 33023	<b>=</b> Add
			□ Remove
			☐ Change
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			Change

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<del></del>	. <u> </u>
	. ه
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more that	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing requ	
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day aft
is filed.	
10/16/20	
ted 10/16/20 //	
#3/m1	
Signature of a member or authorized representative of a member of	ombar
Signature of a memori of audiorized representative of a n	CHIDE

Filing Fee: \$25.00



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