# 121000039857

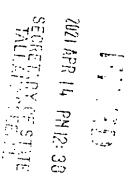
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## 2021 APR 14 PM 12: 41

### FLORIDA DEPARTMENT OF STATE SECRE OF STATE Division of Corporations

April 2, 2021

PLAMEN CELIKOV 316 WOODSHIRE LN. A10 NAPLES, FL 34105

SUBJECT: NAPLES CAR SERVICE LLC

Ref. Number: L21000039857

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00006952

Querida R Moore Regulatory Specialist II

www.sunbiz.org

#### COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: NA	PLES CAR SE	RVICE LLC	· ·
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	PLAMEN VI	ELIKOV	
	NAPLES CA	Firm/Company	. (_
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	316 WOODSH	IRE LN. A10 Address	
		Address	
	NAPLES F	City/State and Zip Code  1 KOV 48 @GMA to be used for future annual report notion	·
	5.	City/State and Zip Code	
	PLAMEN VEL	1 KOV 48 (WGWA	ML.COM
			lication)
For further information co	oncerning this matter, please ca	all:	
PLANEN VE		ar (773) 322	3454
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
№ \$25.00 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 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 ARTICLES OF ORGANIZATION **OF**

NAP	LES CAR SERVICE LLC (02) APR 14 PM 12: 30
(Name of the Limited Lia (A Flor	LES CAR SERVICE LLC  bility Company as it now appears on our records CRETARY OF STATE TALL ALLASSEF, FI
The Articles of Organization for this Limited Liability Florida document number  \( \sum_2 \cdot	y Company were filed on $\frac{0112012021}{2021}$ and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	
	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registe</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
lew Registered Agent's Signature, if changing Register	red 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□ Add
			□Remove
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Effective da	ate, if other than the date is listed, the date must date inserted in this bl effective date on the D	st be specific and car lock does not mee	t the applicable s	e of filing or more the tatutory filing req	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605.0207 (: vill not be listed as th
Note: If the			effective time, a	t 12:01 a.m. on th	e earlier of: (b) The	90th day after the
Note: If the document's he record spec	cifies a delayed effectiv	ve date, but not an				
Note: If the document's he record spectord is filed.						
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