

121000339750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

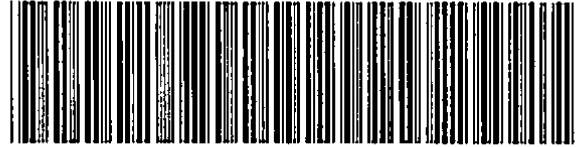
(Document Number)

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21 OCT 19 PM 12:40

T. MATTHEWS

NOV - 1 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRAND AUTOMOTIVE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAVEL KRIVOSHEITSEV

Name of Person

GRAND AUTOMOTIVE LLC

Firm/Company

18839 NOBLE CASPIAN DR

Address

LUTZ, FL 33558

City/State and Zip Code

PAVEL_757@MAIL.RU

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAVEL KRIVOSHEITSEV

754 736-3773
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
TO
ARTICLES OF ORGANIZATION
OF**

GRAND AUTOMOTIVE LLC

21 OCT 19 PM 12:41

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2021 and assigned
Florida document number L21000339750.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

18839 NOBLE CASPIAN DR

LUTZ, FL 33558

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18839 NOBLE CASPIAN DR

LUTZ, FL 33558

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PAVEL KRIVOSHEITSEV

New Registered Office Address:

18839 NOBLE CASPIAN DR

Enter Florida street address

LUTZ, FL

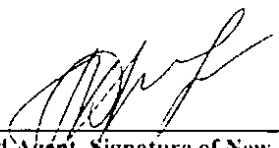
City

Florida 33558

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	PAVEL KRIVOSHEITSEV	18839 NOBLE CASPIAN DR	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 OCT 19 PM 12:41

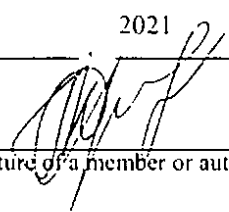
E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated OCTOBER 12 2021 _____



Signature of a member or authorized representative of a member

PAVEL KRIVOSHEITSEV

Typed or printed name of signer