## L22000163707

(Requestor's Name)
(104-200-2004)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4085; 00676= Wrongform
branafarm
Office Use Only



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2024 HAY 20 --- 4: 3



May 3, 2024

ALEKSEI KNSTANTINOV 5611 VIA DE LA PLATA CIR DELRAY BEACH, FL 33484

SUBJECT: CARAGERENTAL LLC Ref. Number: L22000163707

We have received your document for CARAGERENTAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah White Regulatory Specialist III

165

Letter Number: 024A00009733

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CONFAGE RENTED 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:
Aleksei Konstantinov Name of Person
CarAgeRental LLC Firm/Company
1200 N Federal Hwy Address
Hollywood, FL 33020 City/State and Zip Code
atonstant, nov 1981@gmail-com  E-mail address: (to be used for future amount report notification)
For further information concerning this matter, please call:
Aleksei Konstantinov at (305) 764 - 2134  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Significate of Status ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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

Car Age Rental L	lC.	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our red a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	•	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
AMKON LLC The new name must be distinguishable and contain the words "Lim		
The new name must be distinguishable and contain the words "Lin  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDI	NA	L1.C" or the abbreviation "L.L.C."
	<del></del> -	<u> </u>
Enter new mailing address, if applicable:	N/A	2024 M.D
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street ad	dress
		, Florida
	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>	Name	Address	Type of Action
		<del></del>	□Add
			Remove
			Change
			□Add
			Remove
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Remove
		<del></del>	Change
			□Add
			□Remove
			□Change

•	
•	
•	
Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 ided.
Dated	May 15th . 2024.
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00