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COVER LETTER

TO: Registration So Division of Cor			
	CAR SERVICE LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing	
Please return all correspondent	ondence concerning this matter	to the following.	
	MARI F. AVETISYAN		
	···	Name of Person	 -
	ARSEN'S CAR SERVICE	LLC	
		Firm/Company	
	11531 NW 39TH STREET		
		Address	
	CORAL SPRINGS, FL 330)65	
		City/State and Zip Code	
	LIMO.ARSEN@GMAIL.C	OM o be used for future annual report noti	fication)
For further information of	concerning this matter, please ea		
MARI F. AVETISYAN		305 335-4059	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u>		Street Address:	
Registration Division of 0		Registration Se Division of Co	
P.O. Box 633		The Centre of 3	

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARSEN'S CAR SERVICE LLC		2022
(Name of the Limited Liab	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L22000183303		and assigned
This amendment is submitted to amend the following:		205
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
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		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 Changing	Registered Agent	L 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
AMBR	AVETISYAN, ARSEN	11531 NW 39TH STREET	🗏 Add
		CORAL SPRINGS, FL 33065	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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ective date, if other than the	07/09/2022	(optional)
reffective date is listed, the date must	be specific and cannot be prior to date of filing or more thank does not meet the applicable statutory filing required.	an 90 days after filing) Pursuant to 605.020
ument's effective date on the De		anomono, inio date will not be noted a
		4
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
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ed		2022 ; ALL:
4	Uther.	2022 JUL
	Signature of a member or authorized representative of a n	nember
	<i>y y</i>	₩ - -
/	MARI F. AVETISYAN	nember