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2022 AUG 10 PM 12: 51 SECRETARY OF 31: TALL AHASSES FIRE



COVER LETTER

TO: Registration Sec Division of Corp		M.				
MKA	AUTO LLC					
SUBJECT:	Name of Limit	ed Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspon	ndence concerning this matter t	o the following:				
	MARK KUTSAYE	V				
		Name of Person				
		Firm/Company				
	6675 102ND AV					
	PINEILAS PARK F	Address 33782				
	FINEILY THAT	City/State and Zip Code				
	MK AUTOLIC PINE	HASCOUNTY GI G MAIL	COM			
	E-mail address: (1	to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please co	all:				
Mark Kulsaye	I	at (727) 307 · 7	622			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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> Registration	Section	Street Address: Registration Se				
Division of C P.O. Box 633		Division of Co The Centre of				
Tallahassee.			pe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF



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MV	AUTO	116
INV	NUIU	レレン

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(Name of the Limited Liability (A Florida	ty Company as Limited Liabil	it now appear ity Company)	s on our E c TAI	CAHASSEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The Articles of Organization for this Limited Liability Co	ompany wer	e filed on <u></u>			and assigned
Florida document number L22000321079	 ,				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability	company he	re:		
The new name must be distinguishable and contain the words "Limi	ited Liability C	ompany," the d	esignation "	LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:				_	
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>				
	_				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX)	_		···-		
	- 		-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office add	ress on our r	ecords, <u>e</u>	nter the name	e of the new registere
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.		Enter Flo	rida street a	ddress	
				, Florida	
		City			Zıp Code
New Registered Agent's Signature, if changing Registere	ed Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pe agent as pro red office ad	rformance oj vided for in (Emy dutie Chapter (rs, and Lam f 505, F.S. Or,	amiliar with and if this document is

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
MGR	MARK KUTSAYEV	6675 102ND AVENSTE F PINELLAS PAR	(f173782 FAdd
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change
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	Amend	do	Add	FEIN	nter change Number	88-	33920	<u> </u>				
												
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(If an e Note	: If the date	s listed inser	i, the date ted in this	must be sp s block do	of filing:ecific and cannot see not meet the tent of State's	he applica	ible statuto	ry filing re	han 90 days juirements	, this dat	g.) Pursuant t	o 605.0207 (3) e listed as the
ne reco		a del:	ayed effe	ctive date	, but not an ef	fective ti	ne, at 12:0	I a.m. on t	ne earlier o	iĉ (b) - T	he 90th day	after the
Date	d Augu	<u>st</u>	10)h. 2	022	<u> </u>					
			<u> </u>	Signa	ture of a memb	er or autho	rized repres	entative of a	member			
					MARK Ku	Sager	1					

Filing Fee: \$25.00