

9/12/22, 1:29 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L22000384304**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000314958 3)))



H220003149583ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO  
 Account Number : I20220000131  
 Phone : (305)610-2704  
 Fax Number : (305)647-6040

SECRETARY OF STATE  
 TALLAHASSEE, FL

2022 SEP 12 PM 5:55

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 VAVO CARS LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SEP 12 12 12 PM 2022

SEP 13 2022

Electronic Filing Menu

Corporate Filing Menu

C. BRUMBLEY

**COVER LETTER**

(((H22000314958 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VAVO CARS 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:

VASYL ONATS

Name of Person

VAVO CARS LLC

Firm/Company

1830 S OCEAN DR APT 4310

Address

HALLANDALE BCH, FL 33009

City/State and Zip Code

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

For further information concerning this matter, please call:

info@miaccounting.us

at ( 305 ) 610-2704

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

☐ \$35.00 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

(((H22000314958 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H22000314958 3)))

VAVO CARS LLC

(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 08/31/2022 and assigned  
Florida document number L22000384304.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

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, Signature of New Registered Agent

(((H22000314958 3)))

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

((H22000314958 3)))

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWN	VASYL ONATS	1830 S OCEAN DR APT 4310	<input type="checkbox"/> Add
		HALLANDALE BCH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWN	VOLODYMYR OMETSYNSKY	1830 S OCEAN DR APT 4310	<input type="checkbox"/> Add
		HALLANDALE BCH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VASYL ONATS	1830 S OCEAN DR APT 4310	<input checked="" type="checkbox"/> Add
		HALLANDALE BCH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VOLODYMYR OMETSYNSKY	1830 S OCEAN DR APT 4310	<input checked="" type="checkbox"/> Add
		HALLANDALE BCH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H22000314958 3)))

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

Typed or printed name of signer