L22000425030

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====================================
(Document Number)
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ecial Instructions to Filing Officer:
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2024 DEC 13 AH 8: 47

(850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$ 25.00 Authorization Signature MR CARHAUL LLC L22000425030 Business #Document Walk in Will wait Certified Copies of the Articles of Organization – Certificate of Status **NEW FILINGS AMENDMENTS** __ Profit X Amendment ___ Not for Profit ____Resignation of R.A. Change of Registered Agent LLC ____Dissolution/Withdrawal Domestication ____ Conversion INC ___Statement of Authority CORP ____Merger OTHER . Amended and Restated Articles **OTHER FILINGS** REGISTRATION/QUALIFICATIONS ___ Foreign Filing Annual Report Partnership Fictitious Name Reinstatement CORRECTION for a LLC Statement of Authority ___ Domestication of a Foreign Corp. ____ APOSTIL _____ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the	account <u>[2021000</u>	00160: \$ 25.00	
Authorization Signature			
MR CARHAUL LLC	L22000425030		
Business	#Document		
Walk in		Will wait	
Certified Copies of Certificate of Statu	***	ization –	
<u>NEW FILINGS</u>		<u>AMENDMENTS</u>	
Profit		X Amendment	
Not for Profit		Resignation of R.A.	
LLC		Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
INC		Conversion	
CORP		Statement of Authority	
OTHER		Merger	
		. Amended and Restated Articles	
OTHER FILINGS		REGISTRATION/QUALIFICATI	ONS
Annual Report		Foreign Filing	
		Partnership	
Fictitious Name		Reinstatement	
		CORRECTION for a LLC	
Statement of Authority	y.		
		Domestication of a Foreign Cor	p.
APOSTII			
COUNT	₹Y	O	ther
EXAMINER'S INITIALS:			

Registration Section Division of Corporations

MR CARH JECT:	AUL LLC				
<u>-</u>	Name of Lim	ited Liability Company			
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
e return all correspo	ondence concerning this matter	to the following:			
	VOLODYMYR BRETSK	O			
		Name of Person			
		Firm/Company			
	1109 NE 2ND ST				
	Address				
	HALLANDALE BEACH, FL 33009				
	mrcarhaul@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	lication)		
urther information of	concerning this matter, please co	all:			
ODYMYR BRETS	KO	786 916-9779 at ()			
Name o	f Person	Area Code Daytime	e Telephone Number		
osed is a check for t	he following amount:				
525.00 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

MITCELS OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

FILED

MR CARHAUL LLC

2024 DEC 13 AM 11: LO

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

Articles of Organization for this Limited L	iability Company	were filed on 10/0	and assigned
da document number 1.22000425030 amendment is submitted to amend the following	owing:		
f amending name, <u>enter the new name o</u>	_	ility company her	<u>e</u> :
ew name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
r new principal offices address, if applicable:		18041 BISCAYN	
cipal office address MUST BE A STREET ADDRESS)		APT 1104	
		Aventura fl 33160)
r new mailing address, if applicable: <u>ling address MAY BE A POST OFFICE BOX</u>)		Apt 1104	
		Aventura, FL 331	60
Tamending the registered agent and/or retained to the new registered office address Name of New Registered Agent:			ords, <u>enter the name of the new regis</u>
New Registered Office Address:	18041 BISCAYNE blvd apt 1104		
1.4 inegistered Critice Fradress.		Enter Florid	a street address
	Aventura		, Florida <u>33160</u>
		City	Zip Code
Registered Agent's Signature, if changing I	Registered Agent:		

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability cany has been notified in writing of this change.

Ivashcheuko Auua

2024-11-26

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
T	VOLODYMYR BRETSKO	1109 NE 2ND ST	□Add
		HALLANDALE BEACH, FL 33009	=Remove
			□Change
iR 	Anna Ivashchenko	18041 BISCAYNE blvd	= Add
		APT 1104	□Remove
		Aventura fl 33160	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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			□Remove
			□Change

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If th	date, if other than the date of filing: e date is listed, the date must be specific and case date inserted in this block does not me as effective date on the Department of Sta	g:
d spe led.	ecifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
		· ·
	Volodywyr Bretsko	2024-11-26 member or authorized representative of a member