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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHEBANOV_AUTO_LLC

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Help APR 24 2023 T. LEMIEUX

COVER LETTER

TO: Registration So Division of Cou		
a	1	CHEBANOV_AUTO_LLC
SUBJECIE		Name of Limited Liability Company
The enclosed Articles of	Amendment and fo	ec(s) are submitted for filing.
Please return all correspo	ondence concerning	this matter to the following:
	LOVETTE DO	OBSON CONTRACTOR OF THE PROPERTY OF THE PROPER
		Name of Person
		Firm/Company
	17350 STATE	HWY 249 STE 220
		Address
	HOUSTON, T	X 77064
	EFILE1234@II	City/State and Zip Code
	K-n	ail address; (to be used for future annual report notification)
For further information of	oncerning this mat	er, please call:
LOVETTE DOBSON		8884623453
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amou	nt:
■ \$25.00 Filing Fee	□ \$30.00 Filin Certificate	
<u>Mailing Addres</u> Registration		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEBA	NOV_AUTO_LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.23000152838}{1.23000152838}$	any were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	·		
		_	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		`~	23
	,		<u></u>
B. If amending the registered agent and/or registered offi	ice address on our records	enter the nam	
agent and/or the new registered office address here:		•	
		•	
Name of New Registered Agent:		· :	
New Registered Office Address:		* -	42
New Neglacycu Office Fundess.	Enter Florida street		
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	lete performance of my duti as provided for in Chapter	es, and I am j 605, F.S. Or.	familiar with and if this document is
ILC	Changing Registered Agent, <u>Sign</u> :	ature of New Re	gistered 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>	<u>Name</u>	Address	Type of Action
MGR	Dmytro Chebanov	1450 Atlantic Shores Blvd, Apt 119	≣ Add
		Hallandale Beach, FL 33009	□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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ffective date, if other than the can effective date is listed, the date must sote: If the date inserted in this bloocument's effective date on the De	be specific and cannot ck does not meet the	be prior to date of fili zapplicable statutoi			
record specifies a delayed effective Lis filed.	date, but not an effe	ective time, at 12:0	a.m. on the earlic	rot: (b) The 90th di	ay after the
ated	202.	3			
	·	Omnitro (hebaror		
			and selections of the second		

Typed or printed name of signee