L23 000 244 730

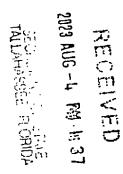
(6	Requestor's Name)	
- (A	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filing Officer:	

Office Use Only



200413137252

05/04/73-+01003-+625 ••39.0g



FILED

1033AUG-4 PH 1:47

COVER LETTER

	Registration S Division of Co			,
	REPAIR	# 1 LLC .	,	
SUBJEC		Name of Lim	nited Liability Company	`
The encl	osed Articles c	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		DARIA HORNA		
		<u> </u>	Name of Person	
		REPAIR #1 LLC		
			Firm/Company	
		2200 E HALLANDALE E	BEACH BLVD UNIT 711	
			Address	
		HALLANDALE BEACH	, FL 33009	
			City/State and Zip Code	
		allo38623456@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information	concerning this matter, please c	all:	
DARIA	HORNA		754 217-1252 at ()	
	Name	of Person		ne Telephone Number
Enclosed	l is a check for	the following amount:		
	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 Addr		Street Address: Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee.	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REPAIR # 1 LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000244730	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited-liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1400 NE 16TH CT	🏊
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33305-3	3196 20 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ARY OF STATE Tame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I a	m familiar with and

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

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>	<u>Address</u>	Type of Action
AMBR	IGOR ORLOV	1431 S 14TH AVE UNIT 217	□Add
		HOLLYWOOD, FL 33020 US	≡ Remove
			Change
AMBR	MURAD ABUSUPIANOV	1431 S 14TH AVE UNIT 217	□Add
		HOLLYWOOD, FL 33020 US	■Remove
			□Change
AMBR	RUSTEM KILIMBETOV	1647 VAN BUREN ST	□Add
		HOLLYWOOD, FL 33020 US	■ Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

w -		
	<u> </u>	
ffective date, if	f other than the date of filing:(optional)	
an effective date is	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	207
Note: If the date locument's effect	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.	1 45
record specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
d is filed.		
.0.0		
Dated	04 2023	
	Male	
	Signature of a member or authorized representative of a member	
DARI	A HORNA	
	Typed or printed name of signee	

Filing Fee: \$25.00