

L23000288349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

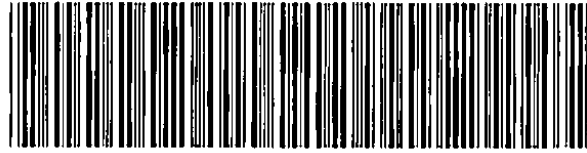
(Business Entity Name)

(Document Number)

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11/14/24--01000-019 **25.00

11/15

**Registration Section
Division of Corporations**

AUTO FASHION CLUB LLC

CT: _____
Name of Limited Liability Company

losed Articles of Amendment and fee(s) are submitted for filing.

eturn all correspondence concerning this matter to the following:

VSEVOLOD CHOPENKO

Name of Person

Firm/Company

1659 W MCNAB RD

Address

POMPANO BEACH

City/State and Zip Code

KTM77700@GMAIL.COM

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

urther information concerning this matter, please call:

VOLOD CHOPENKO

Name of Person

561
at (_____) _____
Area Code

4000308

Daytime Telephone Number

used is a check for the following amount:

25.00 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

**TO
ARTICLES OF ORGANIZATION
OF**

AUTO FASHION CLUB LLC

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

Articles of Organization for this Limited Liability Company were filed on 06/14/2023 and assigned document number L23000288349.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

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: VSEVOLOD CHOPENKO

New Registered Office Address: 1659 W MCNAB RD
Enter Florida street address

POMPANO BEACH, Florida 33069
City Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

ved from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DMITRI NIRCO	2025 LAVERS CIR APT 107	<input type="checkbox"/> Add
	DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
ALLA CHOPENKO	1 ROYAL PALM WAY	<input checked="" type="checkbox"/> Add
	BOCA RATON, FL 33432	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 10/31/2024 (optional)
If the effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 document is filed.

Effective date: OCTOBER 31ST, 2024.



Signature of a member or authorized representative of a member

VSEVOLOD CHOPENKO

Typed or printed name of signee