L24000042337

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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COVER LETTER

TO: Registration So Division of Co				
CITY CAF	RS "LLC"			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	BOTCHENKO, PAVEL			
		Name of Person		
		Firm/Company		
	9252 CARDINAL MEAD	OOW TRAIL	20 24 050	
		Address	2024 FEB 12	•
		City/State and Zip Code	* * .	
	ORLANDO FL.32827 E-mail address: (to be used for future annual report notifi		िकार
For further information c	oncerning this matter, please c	all:	∺ု ဟ	
BOTCHENKO, PAVEL		at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITY CARS "LLC"		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) npany)	
he Articles of Organization for this Limited Liability Company were filed	on _01/22/2024	and assigned
orida document number L24000042337		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability comp	anv here:	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	, ,	
• • •	· · · · · ·	- 21
Principal office address MUST BE A STREET ADDRESS)		
	في مد -	FIB T
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		The second secon
Tuning mantess and Deliving of the Body		7.66
		ده ۱ ۱۳۳۰ آن ایز
3. If amending the registered agent and/or registered office address or	n our records, enter the na	1
gent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
E	nter Florida street address	
	, Florida	
Cin		7in 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

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>	Name	Address	Type of Action
MGR	Pavel Botchenks	9252 Cardinal Meadow Tr	= Add
		32827 Orlando Fl	□Remove
			□Change
			□Add
			Barrove, -
			Remove
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			□Add o □Remove
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Effective date, if other t	han the date of filing	;:	(0	optional)
Note: If the date inserted	in this block does not m	neet the applicable state	Tiling or more than 90 days atory filing requirements	after filing.) Pursuant to 605.0207 s, this date will not be listed as
document's effective date	on the Department of S	tate's records.		
record specifies a delayer	Leffective date, but not	an effective time at 17	201 am oathoodiss	f: (b) The 90th day after the
d is filed.	control date, out not	an encetive time, at 12	s.or a.m. on the earner o	1. (b) The 90th day after the
50 / 546				
Dated <u>02/06/2</u>	2024	·		
	مستست دار			
	HES	nember or authorized repr		

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Filing Fee: \$25.00