

11/8/24, 5:19 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000370454 3)))



H240003704543ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO
Account Number : I20220000131
Phone : (305)610-2704
Fax Number : (305)647-60402024 NOV -7 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
X CAR LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

K. SALY

NOV - 8 2024

COVER LETTER

(((H24000370454 3)))

TO: Registration Section
Division of Corporations**SUBJECT:** X CAR LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANDREI ZAKHARCHUK

Name of Person

X CAR LLC

Firm/Company

4055 LOUIS AVE

Address

HOLIDAY, FL 34691

City/State and Zip Code

info@miaccounting.us

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

For further information concerning this matter, please call:

ANDREI ZAKHARCHUK

305

610-2704

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed 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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H24000370454 3)))

X CAR LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/22/2024

and assigned

Florida document number L24000092565

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If 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:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:
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MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ALEKSANDR PATRUSHEV	3524 HAMPSHIRE CT APT C20-101	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECURITY
TALLAHASSEE, FLORIDA

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

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SECRETARIAT'S FLORIDA
TALLAHASSEE

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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.

If the 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 record is filed.

2024

Signature of a member or authorized representative of a member.

ANDREI ZAKHARCHUK

Typed or printed name of signer:

Filing Fee: \$25.00

:(((H24000370454 3)))