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SECRETARY OF STATE
TALLAHASSEE, FLORIO

T. Buren FEB 20 2014



COVER LETTER

Registration Section **Division of Corporations** Commerce Propane, 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: **Barry Gosin** Name of Person U.S. Refueling, LLC 1103 Marquina de Avila Address Tampa, FL 33613 City/State and Zip Code bgosin@usrefueling.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $at \underbrace{(215)}_{Area\ Code} \underbrace{206\text{--}1342}_{Daytime\ Telephone\ Number}$ Barry Gosin Name of Person Enclosed is a check for the following amount:

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commerce Propane, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A Florida Limited L	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on October 3, 2011
Florida document number L11000112920	
riorida document number	\$\frac{1}{2} \tag{2} \
This amendment is submitted to amend the following:	ḿ-<
	The Ray Market
A. If amending name, enter the new name of the limited liab	ility company here:
U.S. Refueling, LLC	ATE PRIORIE
The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable:	Suite 102, Merion Towle Building
(Principal office address MUST BE A STREET ADDRESS)	1777 Sentry Parkway West
	Blue Bell, PA 19422
Enter new mailing address, if applicable:	Suite 102, Merion Towle Building
· · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	1777 Sentry Parkway West
	Blue Bell, PA 19422
B. If amending the registered agent and/or registered of	ffice 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:	
New Registered Office Address.	Enter Florida street address
·-	, Florida
	City 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			TALLAHI
			EB 20 AHASSETA ACT
			EB 20 PM 2: 35 RETART OF DIATE AHASSEE, FLORIDA
			□ Add
			Remove
			Add
			Remove
			☐ Remove
			Add
			☐ Remove

D.	If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)		
16		date, if other than the date of filing: (optional			
E.	the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)	,		
	Dated	118/14 Pres.			
		Signature of a member or authorized representative of a member Barry Gosin, Pres. Typed or printed name of signee	SECRE	14 [[
		-Ab	TARY	8 20 F	
)F STATU FLORIC	PM 2: 31	

Page 3 of 3

Filing Fee: \$25.00