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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

J. Shivers DEC 1 0 2014

COVER LETTER

TO: Registration Se Division of Cor		•	
PARAD	ISE GAS STATION, L.L	C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS PRADO		
		Name of Person	
	PARADISE GAS S	TATION, L.L.C.	
		Firm/Company	
	10701 N.W. 58TH S	STREET	
		Address	·
	MIAMI, FL 33178		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
	1.148480	at () Area Code Daytimo	
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)	☐ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARADISE GAS STATION,		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(,,	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liab	oility Company were filed on 08/06/2001 and ass	signed
Florida document number L01000013024		
Florida document number	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with the wor	ords "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicab	ile:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
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 offic		<u> </u>
Name of Nam Desistand Assets	32 S	•
Name of New Registered Agent:	52 0	
New Registered Office Address:		'``\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•	Enter Florida street address	र, इ.स्क्रासम्बद्धः इ.स्क्रासम्बद्धः
-		3 1
Now Designand A contle Signature if changing Design	「control of the control of the con	
New Registered Agent's Signature, if changing Reg	~ ~ _	
I hereby accept the appointment as registered a	agent and agree to act in this capacity. I further agree to comp	oly with the
	and complete performance of my duties, and I am familiar wi	
	ered agent as provided for in Chapter 605, F.S. Or, if this doct	
veing filea to merely reflect a change in the reg	gistered office address, I hereby confirm that the limited liabil	иу

company has been notified in writing of this change.

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 = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGRM LUIS A. MARTINEZ 10701 N.W. 58TH STREET □ Add MIAMI, FL 33178 ■ Remove _□ Add _□ Remove _□ Add _□ Remove □ Add □ R**⊞**ove Remove _ 🗆 Add ____ ☐ Remove

If amending any other information		

Effective date, if other than the date. The effective date must be specific, cannot be the date this document is filed by the Florida	e of filing: prior to date of receipt or filed date and cannot Department of State)	(optional) the more than 90 days after
	2014	
Dated NOVEMBER 25		
	Wat -	
Sign	ature of a member or authorized representative	e of a member
CARLOS J. PRADO		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEF FLARIT