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### **COVER LETTER**

TO: Registration Section
Division of Corporations

# INTERNATIONAL SANTOS PETROLEUM LLC

SUBJECT

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:

FARID ASHDJI

Name of Person

Firm/Company

1111 PONCE DE LEON BLVD.

Address

SAINT AUGUSTINE, FL 32084

City/State and Zip Code

ASHDJI@GMAIL.COM

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

For further information concerning this matter, please call:

FARID ASHDJI

at (904) 806-0506

Name of Person

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)

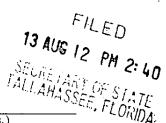
□\$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



### INTERNATIONAL SANTOS PETROLEUM, 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 L	iability Company were filed on 02	2/17/2004 and assigned
Florida document number L04000012970	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company h	ere:
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/registered agent and/or the new registered o		our records, enter the name of the new
New Registered Office Address:	1111 PONCE DE LEON	BLVD.
· ion regulation of the real con-	E	inter Florida street address
	SAINT AUGUSTINE	, Florida <u>32084</u>
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	oroper and complete performanc istered agent as provided for in c registered office address, I here	e of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ASHDJI, FOUAD	17230 NE US HIGHWAY 301	Add
		WALDO, FL 32694	Remove
MGRM	ASHDJI, FARID	1111 PONCE DE LEON BLVD	Add
		SAINT AUGUSTINE, FL 32084	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		·	Remove

, If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 ated	818/13
	Signature of a member or authorized representative of a member  Favior Asharia  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00