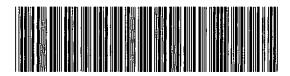
## L06000099235

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	



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Office Use Only

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: OPM, L	LC		
SOBJECT:	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ELSI C CALZADO		
	•	(Name of Person)	
	OPM, LLC		
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	<del></del>
	13015 SW 89TH PLACE	, STE 183	
		(Address)	
	MIAMI, FLORIDA 33176	<b>3</b>	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
ELSI C CALZADO		at (_305)_342-4275	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	e 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)

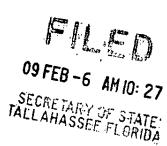
MAILING ADDRESS:

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



OPM, 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 Liab Florida document number L06000099235	ility Company were filed on 10/10/2	and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
ATLANTIS FUEL, LLC			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDDECCI		
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 agent and/or the new registered offic		records, enter the name of the new	
Name of New Registered Agent:			
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 608, 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 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>	Address	Type of Action
MGRM	CALZADO, ELSI C	13015 SW 89TH PLACE, STE 183 MIAMI, FLORIDA 33176	■☑ Add ■☑ Remove
MGRM_	CALZADO, JR., SERGIO E	13015 SW 89TH PLACE, STE 183 MIAMI. FLORIDA 33176	Add Remove
MGRM_	MILLAN, GUSTAVO E	13015 SW 89TH PLACE, STE 183 MIAMI, FLORIDA 33176	■☑ Add ■☐ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
		175. 1 <sup>48</sup> 7	FEB-6 AM
Dated <u>FEBRUA</u>	RY 3RD , 2009		10: <b>27</b>
	ELSI C CALZADO	per or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00