(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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EXAMINER

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations					
SUBJECT: PETO	onup Real Estate	e Holding # 3, LLC			
Sobolei		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	- N	•			
	<u> </u>	Name of Person			
,	Petro Group	Real Estate Holding # 3, UC			
		Firm/Company			
	2401 NW 30	oth Ave			
·		Address			
	<u>Hiami, </u>	City/State and Zip Code			
	60NZi15Q				
•	_	to be used for future annual report notification)			
For further information c	oncerning this matter, please of	call:			
Ruben 601	valez	286. 844 1018			
	f Person	at ( <u>786)</u> 344   919 Area Code & Daytime Telephone Number			
		•			
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

Petro Group Real	Estate	Holding #.	3, LLC	•	
( <u>Name of the Limited L</u> (A F	<b>iability Compan</b> Torida Limited Li	y as it now appears on or ability Company)	ur records.)		
The Articles of Organization for this Limited Lia		were filed on _ 11/c	912006	and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limite	ed Liability Company," th	e designation "l	LLC" or the a	abbreviation
Enter new principal offices address, if applical	ble:	·		<del></del>	
Principal office address MUST BE A STREET	ADDRESS)				
•					1
Enter new mailing address, if applicable:				I3 PI	
(Mailing address MAY BE A POST OFFICE BOX)				15.2 2.5 2.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3	
				Se or	
B. If amending the registered agent and/or registered agent and/or the new registered offi			cords, enter	the name o	of the new
Name of New Registered Agent:					
New Registered Office Address:	3227	5 Federal			
Enter Florida street address					
	Fort	Pierce	, Florida	349	82
		City		Zip Code	е

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 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 = Ma MGRM = N	nager Nanaging Member		
<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			_
			Add Remove
	<del></del>		Add Remove
			Add Remove
· ·			□Add □Remove
			Add Remove
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
_			<del></del>
	0(1001.0		<del></del>
Dated <u>⊀</u>	06/28/10,	·	
	r Ruben Consales	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00