Division of Corporations

3052559165

GASTIO

PAGE 01/03

https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000150060 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GASTION, INC. Account Name Account Number : I20080000097 : (305)255-5101 Phone

Fax Number

: (305)255-9165

Enter the email address for this business entity to be used for retiire annual report mailings. Enter only one email address please.***

mail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SR 76 PETROLEUM DEVELOPERS, LLC

[[] The state of	THE RESERVED THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	Company as it now appears omited Liability Company)	on our records.)			
he Articles of Organization for this Limited Liability Colorida document numberL06000114576_	mpany were filed on	29 06 and assigned			
his amendment is submitted to amend the following:					
If amending name, enter the new name of the limite	ed liability company here:				
	n/a				
he new name must be distinguishable and end with the words L.L.C."	s "Limited Liability Company	"the designation "LLC" or the abbreviation			
inter new principal offices address, if applicable:	n/a				
Principal office address MUST BE A STREET ADDRE	<u> </u>	AHASS			
inter new mailing address, if applicable:	n/a	E S S S S S S S S S S S S S S S S S S S			
Mailing address MAY BE A POST OFFICE BOX)		22.≥ ©			
Name of New Registered Agent: New Registered Office Address:	ess here:				
	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

MGRM = Managing Member

MGR = Manager

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:

GASTID

Type of Action Address <u>Title</u> <u>Name</u> Warren Sands Add
 Remove **MGRM** 12305 S. Dixie Hwy Miami, FL 33156 Remove ☐ Add Remove □∧dd Remove ∏Ad∂ □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) مِب n/a ජා යා June 2 2011 Dated_ Signature of a member othorized representative of a member Carlos Fontecilla Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00