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## **COVER LETTER**

TO:

Registration Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: USA Fue Service LLC 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:
James C Jolivette
USA Fue Service LLC
6431 Scott Street
City/State and Zip Code  Jim-Jolivette DVS 9 Fuel Service. Com  Schail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James C Jolivette at (941) 456-9629  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	ny as il now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Bunta Gorda Fl 33950
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	643) Scott Steer 733750 Punta Gorda, El 33750
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	s C Jolivette
New Registered Office Address: 6431	Scott Street  Enter Florida street address
Punta	Got 29 Florida 33950  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 605, 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.

Page 1 of 3

the Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MORM	Timothy Dutcher	26081 Ancoda Or	□ Add
	1	26081 Ancuda Dr Punta Gorda, FL 33983	Remove
			Change
MGRM	James C Jolivette	6431 Scott Street Punta Gorda, FL 33950	_ <b>D</b> Add
		Punta Gorda, FL 33950	<mark>) □</mark> Remove
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ne rec The	and specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a 90th day after the record is filed.	.m. on t	he ea	rlier of:
Dated _	Stynature of a member or authorized representative of a member			
2				

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Filing Fee: \$25.00