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J. BRYAN

JUN 2 0 2008

EXAMINER

COVER LETTER

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: Hao Fuel Distribitors, LC (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:
Araceli Margue 2 (Name of Person)
(Name of Person) (Firm/Company) 3777 NE 163 St #136 (Address) Whigh High Beach Pl 33160 (City/State and Zip Code)
North Hiami Beach Pl 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Araceli Harsuez at 888) 403-1080 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

: 4

		ON SECTION OF THE PROPERTY OF		
	ORGANIZATION OF	JUL DE T		
1+20 FUEL DISTR	ABOTORS, U.C. nany as it now appears on our records Liability Company)	T. House		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designat	ion "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3777 NE 16:	3 St		
(Principal office address MUST BE A STREET ADDRESS)	#136 North Hiami	Beach, El 33/60		
Enter new mailing address, if applicable:	371 NE 163	7.5		
(Mailing address MAY BE A POST OFFICE BOX)	#136	Beach, E133160		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address:	(Enter Florida stre	et address)		
	, Florid	a ·		
-	(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. Thereby 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		
MGEM	AUL Holdings, LIC,	JOTH Whami Beach, Cl 3:	Add Remove		
MGRM	Interest Savins Solutions	951 Brickell Av 1900, Pl 33131	Add Remove		
MGR	Araceli Marquez	3776 NE 163 St Worth Wiam Beach, Cl 3	Add Remove		
MGR	Victor L. Ramos	3776 NE 163 St 1936 North Miam Beach Cl 53	Add Remove		
			Add Remove		
D. If amen	iding any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STARY OF STARY OF STARY OF CORPOR		
			TATIONS 1: 12		
Dated	Signature of anjective of	authorized representative of a member			
yped or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00