L080000000424

(Requestor's Name)	
(Address)	
(Address)	
(nautess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Boodinesia valinger)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
· ·	
A. LUNT	
IAM A AGO	Ì
JAN -4 2010	

EXAMINER

Office Use Only



900189146499

01/03/11--01013--028 **60.00

TALLAHASSED FLORES

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TKO BIOFUEL LLC 11 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:		
Chris Howlett	···· 1	
TKO Biofuel (1c	2011 JAN	## J
Firm/Company	<u>မ်ား</u> မ	-
Po Box 4473 =	A A A A A A A A A A A A A A A A A A A	
Deerter d Beach FL 33442 City/State and Zip Code	55	
Chrishowlettebellsouth, Ne E-mail address: (to be used for future annual report notification)	t	
For further information concerning this matter, please call:		
Chris Howlett == 954, 290-4901	<u></u>	
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\\$55.00 \text{Filing Fee & Certified Copy}\$\$\$\$ Certificate of Status	ing Fee, te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRO BIOTUEL	110		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears of mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number LOSO0060		6 19 2008 and sig	ned
This amendment is submitted to amend the following:		en in	1
A. If amending name, enter the new name of the limite	ed liability company here:	. For an	Beginn
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company		previation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TKO BI PO BO DEERFIELD 33442	ofuel 11c. 0X 4473 d Beach FL	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		r records, <u>enter the name of</u>	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street address	
	Cite	, 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

Title <u>Name</u> **Address Type of Action** CATHERINE L Howlett Remove MAdd Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00