

L08000080765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279078445

11/16/15--01058--011 **30.00

2015 NOV 16 A 11: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOV 17 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OCAL OIL COMPANY I, 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:

BERK OCAL
Name of Person
OCAL OIL COMPANY I, LLC
Firm/Company
2848 MONROE STREET
Address
HOLLYWOOD, FL 33020
City/State and Zip Code
BERKOCAL@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERK OCAL at 561 704-6478
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

OCAL OIL COMPANY I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/22/2008

Florida document number L08000080765

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OCAL OIL COMPANY I, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1200 3RD STREET SW

(Principal office address MUST BE A STREET ADDRESS)

WINTER HAVEN, FL 33880-3911

Enter new mailing address, if applicable:

2848 MONROE STREET

(Mailing address MAY BE A POST OFFICE BOX)

HOLLYWOOD, FL 33020-4753

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:

BERK OCAL

New Registered Office Address:

2848 MONROE STREET

Enter Florida street address

HOLLYWOOD

City

, Florida

33020-4753

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.



If Changing Registered Agent, Signature of New Registered Agent

2015 NOV 16 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BERK OCAL	2848 MONROE STREET	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020-4753	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GURKAN OCAL	2848 MONROE STREET	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33020-4753	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 NOV 16 A 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER, 17, 2015

Handwritten signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

BERK OCAL

Typed or printed name of signee

FILED 2015 NOV 16 A 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA