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EXAMINER

COVER LETTER

	sistration Sision of Co			
SUBJECT:		NAPLES N	EW FUELS 2, LLC	
SCHOLCI.			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
			JEFFREY EVANS Name of Person	
			Name of Person	
	NAPLES NEW FUELS 2, LLC			
			Firm/Company	
		3003 TAMI	AMI TRAIL NORTH, SUITE 210	
			Address	
			NAPLES, FL 34103	200
			City/State and Zip Code	
		jevans E-mail address: (@nationalequitytrust.com to be used for future annual report notification	12 AUG 13
For further in	nformation o	concerning this matter, please of		13 PH 4: 2
	CR	AIG A BRYAN	at (239) 261-	1184
		of Person	Area Code & Daytime Telep	hone Number
Enclosed is a	a check for t	he following amount:		
\$25.00 Fi		\$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)
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPLES NEW FUELS 2	2, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)		
The Articles of Organization for this Limited Liability Company were filed or	on 01/13/2009 and assigned		
Florida document numberL0900004125			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	nny here:		
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbrevi	iation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2		
	5 "	•	
	in the second se	. 4	
Enter new mailing address, if applicable:		- y 	
(Mailing address MAY BE A POST OFFICE BOX)			
	¥		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the	new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
City	, Florida Zip Code	_	
· · · · · · · · · · · · · · · · · · ·	1		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BRADLEY, WILLIAM J	3003 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103	Add Remove
MGR_	EVANS, JEFFREY	3003 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	y.).
			2 AUG 13
_			PH 4: 21
Dated	AUGUST 9	<u>2012</u> . フ	
	Signature of a men	nber or authorized representative of a member	
	Tr.	JEFFREY EVANS ped or printed name of signee	
	ıy	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00