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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC
Account Number : 120080000080
Phone : (305) 642-1090
Fax Number : (305) 642-1010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

D-SHOP & FUEL, LLC.

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T. CLINE

SEP 22 2009

EXAMINER

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Corporate Filing Menu

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Sep 21 09 10:50a

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D-SHOP & FUEL, 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 01/14/2009 and assigned
Florida document number L09000004455

This amendment is submitted to amend the following:

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

DECOUD, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6637 SW 49 COURT

DAVIE, FL. 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6637 SW 49 COURT

DAVIE, FL. 33314

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:

Not Applicable

New Registered Office Address:

6637 SW 49 COURT

Enter Florida street address

DAVIE

Florida

33314

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.

X
If Changing Registered Agent, Signature of New Registered Agent

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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

MCRM = Managing Member

Title	Name	Address	Type of Action
			☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
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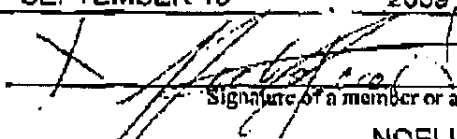
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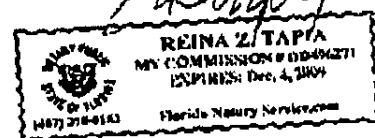
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

Dated SEPTEMBER 18 2009


Signature of a member or authorized representative of a member
NOELIA E. DECOUD
Typed or printed name of signer



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