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(((H09000173969 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RE & FA GASOLINE, LLC

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D. BRUCE

AUG 0 5 2009

EXAMINER

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7/31/2009

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August 3, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE & FA GASOLINE, LLC 401 BISCAYNE BLVD STE 125 MIAMI, FL 33132

SUBJECT: RE & FA GASOLINE, LLC

REF: L09000040369

We received your electronically transmitted document. However, the conductions and document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H09000173969 Letter Number: 209A00026387 . . ---

P.O BOX 6327 - Tallahassee, Florida 32314

08/04/S000 10:31 3020330000 EMBIRE CORP KIT

PAGE 01/04

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RE & FA GA	SOLINE, LL	c		
(Name of the Limited L (A F	isbility Company forlds Limited Lie		on our records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Lia	, , ,	ere filed on	04/27/200	and assigned	
Florida document number <u>L0900040369</u>	•				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabiti	ty company here;			
RE & TA LING	COLN ROAD	LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company	y." the designation "	'LLC" or the abbreviation	
Enter new principal offices address, if applicat	ble: .	650 West	Avenue #70	7	
(Principal office address MUST BE A STREET	'ADDRESS)	Miami Bea	ch, FL 331	39	
•				SEC.	
Enter new mailing address, if applicable:				<u>- ਵੇਲੋਂ ਲਿ</u> -ਾ	
(Mailing address MAY BE A POST OFFICE B	<u>0x</u> 0		<u></u>	SA L	
	•			m< > □	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address bere:	e address on ou	r records, <u>enter</u>		
	•	•		8 8	
Name of New Registered Agent.	Rerik Co	evik	····		
New Registered Office Address:	650 Wes	t Avenue #7	07		
Enter Florida struct address					
	Miami		, Florida	33139	
		City	·• -	Zip Code	
New Registered Apent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered the provisions of all statutes relative to the prouccept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	oper and comple ered agent as pr gistered office a hange.	te performance of ovided for in Cho ddress, I hereby o	f my duties, and I pter 608 F.S. Or confirm that the I	am familiar with and if this document is mited liability	
1f Chaffeing Registered Agent, Signature of New Registered Agent					
	Page 1 o				
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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:

MGRM = Ma	naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Fatih Dincer	4100 NW 27 Avenue Miami, FL 33142	Add K Remove
MGRM	Tacettin Yildirim	555 NE 30th Street #704 Miami, FL 33137	Add Remove
			Add
	<u>.</u>		Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	09 Sei
			O9 AUG -4 SECRETARY
			AM 9: 02 OF STATE E. FLORIE
Dated	July 31 , 200	<u> </u>	8
7	Signature of a member or	authorized representative of a member	
_		ik Cevik	
	•	printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00

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MGR = Manager