L09000123522

(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



900224022359

03/14/12--01009--022 **25.00

12 MAR 14 PH 1:52

B. BOSTICK
MAR 1 5 2012
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Keliance t	Name of Limited Liabil	listributors, LLC	<u>, </u>	
The enclosed Articles of Amendment Please return all correspondence conce		-		
Willia	am Putnam	ne of Person	<u>.</u>	
Relia	nce Petroleum	Distributors, LL	<u>C</u>	
2959	5 € 11 th Ave	Address		
Hiale Willia	m Q macmillana	te and Zip Code COM for future annual report notification)	SLUBE TALLARA	72
For further information concerning thi	s matter, please call:		الله . الما ^ا الدار - اكار ،	(301%)
Daniel AlonSo Name of Person	a	t (<u>305) 691-7814</u> Area Code & Daytime Teleph	none Number IDA	
Enclosed is a check for the following	amount:			
	ficate of Status C	.00 Filing Fee & ertified Copy dditional copy is enclosed)]\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is e	
MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keliance Petroleum	Distributors, L	LC	
(Name of the Limited Liability) (A Florida	y Company as it now appears or Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (• •	5 1996 and assigned	
Florida document number <u>LO9000 23522</u>	<u>. </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		in the second of	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		트립 ··	
		57 TE 72	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our lress here:	records, enter the name of the new	
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street address		
		, 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

<u>Title</u>	<u>Name</u>	Address		Type of Action
MGR	Gerald J. Donnini	502 Woodlake Rd Jupiter, FL 33458		Add Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
				.∏Add Remove
	·			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if nece	essary.)	·
_			<u> </u>	· - 7 3
			ALVISSI	To the state of th
Dated			E. FLORID	5
	Daniel Alonso	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00