L10000068758

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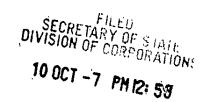
N. Culligan | 007 - 8 2010

COVER LETTER

TO:

TO: Registration S Division of Co				
SUBJECT:	FELOPATIR	PETROLEUM, LLC.		
SOBJECT:		ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		ALBIR M ABDALLA		
		Name of Person		
	FELOPATIR PETROLEUM, LLC.			
		Firm/Company		
	18901 N	I. DALE MABRY HIGHWA	1	
		Address		
		LUTZ, FL 33548		
		City/State and Zip Code		
	ITS_C	ENTER@HOTMAIL.COM		
		to be used for future annual report notifi	cation)	
For further information	concerning this matter, please of	eall:		
S	AMIA WAHBA	at (_813_)	948-4602	
Name	of Person	Area Code & Daytime	e 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)	
Moil	to			
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FELOPA (<u>Name of the Limited Liat</u> (A Flor	TIR PETROLEUM, LL pility Company as it now appears ida Limited Liability Company)	C. on our records.)		
The Articles of Organization for this Limited Liabili Florida document number L10000068758	• •	06/28/2010 a	nd assigned	
This amendment is submitted to amend the following	_			
A. If amending name, enter the new name of the	limited liability company here	:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "LLC" of	or the abbreviation	
Enter new principal offices address, if applicable	·			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the na	ame of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street address		
_	, Florida			
	City	Zij	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 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** SHERIF MESIHA **MGRM** 2379 FINLANDIA LN #53 ___ Add Remove CLEARWATER, FL 33763 ☐ Add Remove □ Add ☐ Remove □ Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member M AbdAIIA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00