## 1100000073918

Office Use Only



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J. SAULSBERRY EXAMINER

## **COVER LETTER**

TO: Registration S Division of C						
SUBJECT:	S & S Petro	oleum Oil Co LLC	·			
	Name of Limi	ted Liability Company				
	of Amendment and fee(s) are sub pondence concerning this matter	_				
		David Suarez				
		Name of Person	······································			
S & S Petroleum Oil Co LLC						
Firm/Company						
3099 Cypress Creek RD					201	
Address					نے جو	-1
Ft. Lauderdale Florida 33309				TARY IASSE	2011 JAN 26	
		City/State and Zip Code		OF S	PH	
		o be used for future annual report notifica	tion)	ORIDE	PH 12: 22	* 14 <sub>0</sub> # *
For further information	concerning this matter, please c	all:		_		
Annual Control of the	David Suarez	at \	81-2555			
Name	of Person	Area Code & Daytime T	elephone 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 Fili Certificat Certified (addition:	e of Stat Copy		sed)
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	R ADDRESS:			

Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S	& S Petrole	<u>eum Oil Co LL0</u>	<u> </u>		
( <u>Name of the Limite</u> (	A Florida Limite	pany as it now appeard Liability Company)	rs on our records.)		
The Articles of Organization for this Limited		uny were filed on	07/30/2010	and assigned	
Florida document number L100000	13910				
This amendment is submitted to amend the fo	llowing:			•	
A. If amending name, enter the new name	of the limited li	iability company be	re:		
	, N	I/A			
The new name must be distinguishable and end w "L.L.C."	vith the words "L	imited Liability Compa	any," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	<u> </u>	Ā	20		
		<del> </del>	<u> </u>		
			HA.	AN 2	
Enter new mailing address, if applicable:		N/A	Ö	<u>a</u>	
(Mailing address MAY BE A POST OFFICI	E BOX)		<u> </u>		
		<u></u>			
				<b>2</b> 2	
B. If amending the registered agent and registered agent and/or the new registered			our records, <u>enter th</u>	e name of the nev	
registered agent and/or the new registered o	office address in	iere:			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A			•	
	<del></del>	Enter Florida street address			
		N/A	, Florida	N/A	
		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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Juan Carlos Roche	3099 W. CYPRESS CREEK ROAD FORT LAUDERDALF FL 33309	Add 7 Remove
<del> </del>			Add Remove
<del></del>			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove 
<del></del>			Add Remove
D. 10			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	FILE 2011 JAN 26 PH
		LORIGA	1 12: 22
Dated	January 24	2011 ) awk X	_
-	Signature of a men	nber or authorized representative of a member  Juan Carlos/Roche  ped or printed name of signee	<del></del>

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Filing Fee: \$25.00