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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Flectronic Filing Menu

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MSM PETROLEUM LLC | | |
|--|--|---|
| (Name of the Limited Liability (A Florida) | Company as it now appears on our reco | rds.) |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 09/03/2010 | O and assigned |
| This amendment is submitted to smend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and end with the words "Limi | ted Lizbility Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | ZA 🚅 |
| (Principal office address MUST BE A STREET ADDRE | (22) | |
| | | 表示とし |
| | | 60 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 10 |
| | | <u></u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: | | ds, <u>enter the name of the now</u> |
| | | |
| New Registered Office Address: | Enter Plorida street addr | 20 |
| | | |
| | City | Florida |
| New Registered Agent's Signature, if changing Registered | Areat: | |
| I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of my duties, a ent as provided for in Chapter 605 | and I am familiar with and i. F.S. Or. if this document is |
| | If Changing Registered Agent, Signatur | e of New Registered Agent |

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Managor AMBR = Authorized Member Title **Nиme** Address Type of Action AZMI M. ZAID 570 NW 70TH STREET MGR MIAMI, FL 33150 Remove MASUD RAHMAN 6700 NW 186TH ST APT 409 MGR **■** Add HIALEAH, FL 33015 ☐ Remove _□ Add □ Add 돌음 □ Remove □ Add 🗅 Remove 👫 □ Add □ Remove

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| If amending any other information, enter change(s) here: (Attach additional | il sheets, if necessary.) |
|---|---------------------------------------|
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| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be not the date this document is filed by the Florids Department of State) | (optional) nore than 90 days after |
| Dated July 08 2014 | |
| | |
| Signature of a familiar or authorized representative of MOHAMMED N. KHAN | и тистират |

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