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COVER LETTER

TO: Registration Section Division of Corpora	n ations		
SUBJECT:	L+A Pa	Froloum 1-1-C	
	Name of Lim	nited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are su	ibmitted for filing.	
Please return all corresponder	nce concerning this matte	er to the following:	
_		Name of Person	
_	L4,	4 Petroleum Firm/Company	CC BB T
_	620	Address Address	WILLIAM TO THE
_	31/	etersburg FC	33702 33
_	E-mail address:	City/State and Zip Code DON @ MA / C	COM
For further information conce	rning this matter, please	call:	
Don None of Pers	Son Son	at (<u>813) 679 - 8</u> Area Code & Daytime T	Celephone Number
Enclosed is a check for the fo	llowing 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)
MAILING ADDRESS: Registration Section		STREET/COURIEI Registration Section Division of Corporati	
Division of Corporations P.O. Box 6327		Clifton Building	UIIS

Tallahassee, FL 32314

Section 18 and the Company of the

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-13-11Florida document number 4/1000005352 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 words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 Mahaging Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Linh Ngayen

Hieu Ngayen ☐ Add ☐ Remove Add Remove \square Add 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

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00