

L110000006979

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(Address)	
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(Documer	nt Number)
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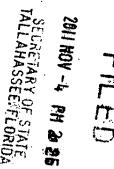
EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: G			FUEL LLC		
SUBJE	····	 	ted Liability Company		
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please 1	eturn all corresp	ondence concerning this matter	to the following:		
Dana Valentino					
			Name of Person		
			Firm/Company		20 1 SE
2201 SW Lawrence St			2011 NOV -4 PH 2 BI SECRETARY OF STATE ALLAHASSEEFFLORID		
			Address		ARY L
Port St Lucie FL 34953 City/State and Zip Code					± 1 ± 1 ± 1
		E-mail address: (1	valentino@gtlfuel.net to be used for future annual repor	rt notification)	ORIO)
For furt	her information	concerning this matter, please c	·	,	
		ana Valentino	at (_772)	626-0567	
	Name	of Person	Area Code & E	Daytime Telephone Number	
Enclose	d 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 end	closed) Certified	e of Status &
	Regis Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	Registration C Division of C Clifton Build	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TL FUEL LLC				
(Name of the Limited Liability (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)			
(**************************************					
The Articles of Organization for this Limited Liability C	Company were filed on	1/18/2011	and a	ssigned	
Florida document number <u>L11000006979</u>	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>'e</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	my," the designation "	LLC" or th	e abbrevi	iation
Enter new principal offices address, if applicable:			IAE SE	281	
(Principal office address MUST BE A STREET ADDI	(ESS)		}	蒸	
			TA AS	*	-
			338	45	
Enter new mailing address, if applicable:			2	32	П
(Mailing address MAY BE A POST OFFICE BOX)			OR A	₽	
	• 		O.T	195 (2)	
					
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name	of the	new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:					
	Enter Florida street address				
	, Florida				_
	City		Zip Co	de	

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 Title **Address** Type of Action Name MGRM Dana Valentino 2201 SW Lawrence ST Port St Lucie FL Remove 34953 Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 18January 2011 Dated_ Signature of a member or authorized representative of a member Dana Valentino Typed or printed name of signee

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Filing Fee: \$25.00