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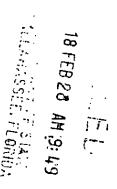
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
	SRUS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gregory Bass		
		Name of Person	
	1-800-OILSRUS, LLC		
		Firm/Company	
	PO BOX 601635		
		Address	
	NORTH MIAMI BEACH,	FL 33160	
		City/State and Zip Code	
	bills1233@msn.com		
For further information c	e-mail address: (oncerning this matter, please or	to be used for future annual report notificall:	саноп)
Gregory Bass		516 521-9955 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· I-800-OILSRUS, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records, lited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/14/2011	and assigned
Florida document number L11000069579		
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 contain 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 ADDRES	<u>s)</u>	
		- / 00
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		Ø: N
		G . 30 F
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gregory Bass	PO BOX 601635, North Miami Be	Add
			Remove
			Change
			□ Add
			☐ Remove
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			7.01.X
tive date, if other than the	date of filing:	(optional)
ffective date is listed, the date mu : If the date inserted in this bi- ment's effective date on the D	st be specific and cannot be prior to o lock does not meet the applicable department of State's records.	late of filing or more than 90 days e statutory filing requirements,	after filing.) Pursuant to 605 this date will not be list
ecord specifies a delaye e 90th day after the rec	d effective date, but not a cord is filed.	n effective time, at 12:0	01 a.m. on the earli
February 24th	2018	Λ	
*	7	161	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00