L/1000/01270

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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	SUD, I	Fer West . Citied Liability Company	tgo LUC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Mich	nele Ver Murten Name of Person	
	Donnin: Pe	troleum Holdi Firm/Company	ns Inc.
	U58 W I	indiantaun Rol Address	Ste 203
		FL 33458 City/State and Zip Code	0C0=505 Ca00
	E-mail address: (to be used for future annual report not	ilication)
For further informatio	n concerning this matter, please ca	all:	
Michell	Ver Murley ne of Person	at (571) 708 Area Code Daytin	- 937 ne Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	2 \$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

Jupiter h	lest Citao L	.L.C		
(Name of the Limited I	Liability Company as it now appears Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabi		<u>glalaon</u>	and assigne	ed
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the	er West Sur	rocò il(reviation "L.L.C.	· · ·
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	IDDRESS) NO	change		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>x</u>) \(\(\) \(\) \(\)	<u>Change</u>	200	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter tl	SEP NE Name Cold	the-nev
	 _	hange	A 8:	
Name of New Registered Agent:	100 C	range		No aged C
New Registered Office Address:	Enter Florid	a street address	<u>, </u>	
_		, Florida		
	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
			☐ Remove
			☐ Change
		 	☐ Remove
			☐ Change
			Remove
			☐ Change
	<u> </u>	>□ Add 26	
			Q-Challe
			TD-Cha
			ED Adde
			☐ Remove
			Change
			Remove
			□ Changa

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_	Rebranding from Jupiter west Cityon we to Jupiter West Sunoco LC
_	
	
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	<u> </u>
(If an effective Note: I	ve date, if other than the date of filing: Old Old (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	September 17, 2018.
	$\parallel r_{\perp} \rightarrow \omega_{\perp}$
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00