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COVER LETTER

CT:	Logic	Fuels, LLC			
•··· <u> </u>	Name of Limi	ted Liability Company			
•	J				
		Name of Person			
	Accounting	Tax & Business Solutions, F	PA		
		Firm/Company		=1 ~3	
	1000	N.W. 50 Street, Ste 204		SEGRI SEGRI	
Address			NOV AHA		
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dpolito@atbsfl.com			tion)	2011 NOV -7 AM 8: 28 SEGRETARY OF STATE ALLAHASSEE, FLORID,	
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	blosed Articles of eturn all correspond is a check for the content of the content	Name of Limit closed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter Accounting. 10001 E-mail address: (to the information concerning this matter, please of Barington Bet) Name of Person d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & Certificate of Status	Division of Corporations CT: Logic Fuels, LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. ceturn all correspondence concerning this matter to the following: Barington Bell Name of Person Accounting, Tax & Business Solutions, Firm/Company 10001 N.W. 50 Street, Ste 204 Address Sunrise, FL 33351 City/State and Zip Code dpolito@atbsfl.com E-mall address: (to be used for future annual report notifical ther information concerning this matter, please call: Barington Bell Name of Person Area Code & Daytime T d is a check for the following amount: 00 Filing Fee \$\bigcup \text{\$30.00 Filing Fee & Certified Copy (additional copy is enclosed)} MAILING ADDRESS: Registration Section Registration Section	Division of Corporations CT: Logic Fuels, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. ceturn all correspondence concerning this matter to the following: Barington Bell Name of Person Accounting, Tax & Business Solutions, PA Firm/Company 10001 N.W. 50 Street, Ste 204 Address Sunrise, FL 33351 City/State and Zip Code dpolito@atbsfl.com E-mail address: (to be used for future annual report notification) their information concerning this matter, please call: Barington Bell Name of Person At 954 Area Code & Daytime Telephone Number d is a check for the following amount: Of Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Registration Section Registration Section	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Logic Fu (Name of the Limited Liability Compa (A Florida Limited	iels, LLC any as it now appears on our records.) Liability Company)		-	
The Articles of Organization for this Limited Liability Company Florida document numberL11000111830	y were filed on <u>Spetember 29, 20</u>)11 and	assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	pility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation '	"LLC" or th	ie abbro	eviation
Enter new principal offices address, if applicable:	8460 S.W. 154 Circle Court	==	2	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33193	TEG		
		#2C	AOR	
		SSI SSI	-7	í
Enter new mailing address, if applicable:	8460 S.W. 154 Circle Court	E G	2	T)
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33193	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	<u> </u>	
		35.4	28	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, <u>enter</u> <u>e</u> :	the name	of th	e new
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
F10 - 13 M.C	, 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 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 Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Name</u> <u>Address</u> <u>Title</u> Mgr Nabila Valdes 12952 Ixora Road ☐ Add North Miami EL 33181 √ Remove Remove □Add Remove Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member

Page 2 of 2

Johnathan Santiago
Typed or printed name of signee

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