

L11000133936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

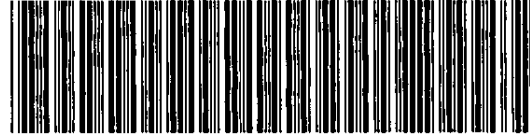
(Business Entity Name)

(Document Number)

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15 DEC - 7 PM 3:19  
SUB-PART OF 2100  
TALLAHASSEE, FLORIDA

DEC 09 2015

Y SULKER



December 2, 2015

Florida Department of State  
Division of Corporations  
P.O. Box 6250  
Tallahassee, FL 32314

Kayla Gothier  
Paralegal  
Akerman LLP  
50 North Laura Street  
Suite 3100  
Jacksonville, FL 32202-3646  
Tel: 904.798.3700  
Fax: 904.798.3730  
kayla.gothier@akerman.com

**RE: Filing of Articles of Amendment to Articles of Organization**  
**Akerman No: 0306466**

To Whom It May Concern:

Enclosed please find our firm's trust check no. 10000737 in the amount of \$25.00 as full payment for the filing fee to file the enclosed Articles of Amendment to Articles of Organization of All American Oil, LLC.

Should you have any questions, or need more information, please contact me at (904) 798-3700.

Sincerely,

A handwritten signature in black ink that reads "Kayla Gothier". The signature is fluid and cursive, with the first name "Kayla" being more prominent.

Kayla Gothier  
Paralegal

Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALL AMERICAN OIL, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJENDRA SHAH

Name of Person

ALL AMERICAN OIL, LLC

Firm/Company

3820 BLICHTON ROAD

Address

OCALA, FL 34482

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAJENDRA SHAH

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed 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 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**

ALL AMERICAN OIL, LLC

(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 11/28/2011 and assigned  
Florida document number L11000133936.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAJENDRA SHAH		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change from MGRM to MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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15 DEC 11 PM 3:19  
 OFFICE OF STATE  
 TREASURER, FLORIDA

15 DEC -7 PM 3:19  
FALLA HOUSE, FLORIDA

15 DEC -7 PM 3:19  
FALLAPOSTE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Typed or printed name of signee