L11000141426

(Requestor's Name)			
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
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T. CLINE

JAN 18 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJECT: ELITE FUELS LLC						
55262	Name of Limited Liability Company					
		f Amendment and fee(s) are su condence concerning this matte	_			
		C	HRISTOPHER J. EM/	4		
			Name of Person			
MACLEAN AND E,A						
Firm/Company						
	2600 NE 14 STREET					
			Address			
	POMPANO BEACH, FL 33062			1 mad		
	City/State and Zip Code			2012 SEC		
		chris E-mail address: (ema@maclean-ema.c to be used for future annual rep	com ort notification)		
For furt	her information	concerning this matter, please		·	2012 JAN 17 SEGRETARY C ALLIANASSEE	ig 2,014.
	CHRIS	STOPHER J. EMA	at (954)_	785-1900	PH PA GT	
		of Person		Daytime Telephone Number	PH 29 07	· Hamar
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 en	nclosed) Certified (of Status &	
	MAIL	LING ADDRESS:	STREET/C	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE FU	ELS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	12/16/11	and assigr	ned
Florida document numberL11000141426				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Compa	iny," the designation "	LLC" or the abb	reviation
			型20 23	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				1
			AR I	bition.
				rr:
Enter new mailing address, if applicable:			F SI	4 necessary
(Mailing address MAY BE A POST OFFICE BOX)			The same of the same	
Mauring address MAT BE A POST OFFICE BOAT			9	
B. If amending the registered agent and/or registered of	fice address on o	our records, enter	the name of t	he new
registered agent and/or the new registered office address here		<u></u>		
Name of New Registered Agent:				
Name Descriptional Office Address.				
New Registered Office Address:	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	STACY S. CARTWRIGHT	7830 Bahama Avenue Port Richey, FL 34668	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. 16			Add Remove
	ing any other information, enter change		FILED 2012 JAN 17 PH 180 07
			07
Dated	JANUARY 13 . ,20	<u>12</u> .	
	Signature of a member	or authorized representative of a member	
	-	OTHY HAMMER	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00