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| (Re                                     | equestor's Name)    |           |  |  |
|---|---------------------|-----------|--|--|
| (Ac                                     | ddress)             |           |  |  |
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| (Ci                                     | ty/State/Zip/Phone  | #)        |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL      |  |  |
| (Bu                                     | usiness Entity Namo | e)        |  |  |
| (Document Number)                       |                     |           |  |  |
| Certified Copies                        | Certificates        | of Status |  |  |
| Special Instructions to Filing Officer: |                     |           |  |  |
|   | JUN 2 8 2012        | :         |  |  |
| L. SELLERS                              |                     |           |  |  |
|   |                     |           |  |  |
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## COVER LETTER

| TO: Registration Division of C |  | F. e. g. e   | į.<br>Į  |        |
|--------------------------------|--|--|--|--------|
| SUBJECT:                       | CEVALLOS LOPI  | EZ GAS STATION,  | LLC  |        |
| 50202011                       | Name of Limit  | ed Liability Company   |  |        |
|                                |  |  |  |        |
| The enclosed Articles          | of Amendment and fee(s) are sub  | mitted for filing.   |  |        |
| Please return all corre        | spondence concerning this matter   | to the following:  |  |        |
|                                |  | JOEL FRIEND Name of Person   |  |        |
|                                |  |  |  |        |
|                                | JOEL FR  | IEND & ASSOCIATES Firm/Company   | , INC.   |        |
|                                |  |  |  |        |
|                                | 2863 EXECU   | JTIVE PARK DRIVE, S  | UITE 105   |        |
|                                |  |  |  |        |
|                                |  | STON, FL 33331-3647  | <b>7</b><br>性  |        |
|                                | 5 Eths 6747<br>Ishacopt, 71.20914  | oel@joelfriend.com   | ing<br>y Cader und:  |        |
|                                | E-mail address: (  |  |  |        |
| For further information        | n concerning this matter, please c   | all: မန္မာနွဲမွာသ  |  |        |
| , ,                            | JOEL FRIEND  | at ( 954 )   | 704-1040   |        |
| Nan                            | ne of Person   | Area Code & D  | aytime Telephone Number  | ••     |
| Pullund Manhael É              | or the following amount:   | The second of th |  | ***    |
| \$25.00 Filing Fee             | , <del>-</del>   | \$55.00 Filing Fee & Certified Copy (additional copy is end  | \$60.00 Filing Fee,<br>Certificate of States<br>Certified Copy<br>(additional copy | itus & |
| •                              |  |  |  |        |
| Reş<br>Div<br>. P.C            | gistration Section vision of Corporations 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Registration :   | Corporations   |        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEVALLOS LOPEZ GAS STATION, LLC

| (Name of the Limite<br>(  | d Liability Compa<br>A Florida Limited I              | ny as it now appea<br>Liability Company) | rs on our records.)       | <del></del>            |
|---|---|--|---------------------------|------------------------|
| The Articles of Organization for this Limited I Florida document number L1200002  | • •   | were filed on _FE                        | EBRUARY 15, 201           | 2_ and assigned        |
| This amendment is submitted to amend the fol  | lowing:   |  |                           |                        |
| A. If amending name, enter the new name of  | of the limited liab                                   | oility company her                       | <u>re</u> :               |                        |
|   | N/A   | <b>\</b>                                 |                           |                        |
| The new name must be distinguishable and end w "L.L.C."   | ith the words "Lim                                    | ited Liability Compa                     | any," the designation "Ll | C" or the abbreviation |
| Enter new principal offices address, if applicable:   |   | 1960 N. CON                              | MERCE PARKWA              | AY                     |
| (Principal office address MUST BE A STRE  | ET ADDRESS)   | SUITES 1 & 2                             |                           |                        |
|   |   | WESTON, F                                | L 33326                   |                        |
| Enter new mailing address, if applicable:   |   | 1960 N. COMMERCE PARKWAY                 |                           |                        |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | SUITES 1 &                               | 2                         |                        |
|   |   | WESTON, FL 33326                         |                           |                        |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address: | /or registered of<br>office address her<br>N/A<br>N/A | <u>c.</u>                                | CRETARY OF SUIT           | TIE FE SE SUIT         |
|   |   | N/A                                      | Öm<br>Florida             | N/A                    |
|   |   | 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          | CEVALLOS, CARLOS JU                 | 1960 N. COMMERCE PARKWAY SUITES 1 & 2 WESTON, FL 33326       | Add Remove     |
| MGR_         | LOPEZ, AMPARO YAMIL                 | 1960 N. COMMERCE PARKWAY<br>SUITES 1 & 2<br>WESTON, FL 33326 | Add Remove     |
| MGR          | CEVALLOS, DIANA                     | 1960 N. COMMERCE PARKWAY<br>SUITES 1 & 2<br>WESTON, FL 33326 | Add<br>Remove  |
| <u>MG</u> R  | CEVALLOS, CARLOS M                  | 1960 N. COMMERCE PARKWAY<br>SUITES 1 & 2<br>WESTON, FL 33326 | Add<br>Remove  |
| MGR          | CEVALLOS, GIULIANA                  | 1960 N. COMMERCE PARKWAY<br>SUITES 1 & 2<br>WESTON, FL 33326 | Add<br>Remove  |
|              | ·<br>-                              |  | Add<br>Remove  |
| D. If am     | ending any other information, enter | change(s) here: (Attach additional sheets, if necessar)      | y.)            |
|              | N/A                                 |  | <u> </u>       |
|              |                                     |  |                |
|              | ·                                   |  |                |
| •            |                                     |  | <del></del>    |
|              |                                     |  | <del>.</del>   |
| Dated        | MAY 29 ,                            | 2012   |                |
|              | -                                   | nember or authorized representative of a member              |                |
|              | C                                   | ARLOS JULIO ØEVALLOS Typed or printed name of signee         |                |

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Filing Fee: \$25.00