L12000022826

| <u>.</u> | | |
|-------------------------|--------------------|-----------|
| (Re | questor's Name) | |
| | | |
| (Ad | dress) | _ |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | ry/State/Zip/Phone | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| (| , | , |
| (Do | cument Number) | |
| (50 | oument Humbery | |
| Contisted Contra | Codification | at Chahua |
| Certified Copies | _ Cenificates | or Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100309183861

02/20/18--01032--023 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA FEB 2 1 2018

COVER LETTER

| TO: | | istration Sec ision of Corp | | | | |
|-------|--------------------------|--|---|---|--|--|
| CITD | IECT. | Evolve Petro | ol Group, LLC | | | |
| SUB | JECT: | ······································ | Name of Lim | ited Liability Company | | |
| The | enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Pleas | se return | all correspor | ndence concerning this matter | to the following: | | |
| | | | Juan Carlos Llama | | | |
| | | | | Name of Person | | |
| | Evolve Petrol Group, LLC | | | | | |
| | | | | Firm/Company | <u></u> | |
| | | | 7090 SW 2nd Street | | | |
| | | | | Address | | |
| | | | Miami, Florida 33144-270 | 4 | | |
| | | City/State and Zip Code | | | | |
| | | | jcllama@epetrolg.com | | | |
| | | | E-mail address: (| to be used for future annual report notifi | cation) | |
| For f | further in | nformation co | oncerning this matter, please ca | all: | | |
| Juar | Carlos | Llama | | 305 608-7402 at () | | |
| | | Name of | Person | Area Code Daytime | Telephone Number | |
| Encl | osed is a | a check for th | e following amount: | | | |
| | \$25.00 F | 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

| Evolve Petrol Group, LLC | | | |
|---|-------------------------------------|--|----------------------|
| (Name of the Lim | ited Liability Co (A Florida Lim | Company as it now appears on our records, mited Liability Company) | |
| The Articles of Organization for this Limited I Florida document number | _iability Comp | pany were filed on February 16, 2014 and assign | ıed |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited | d liability company here: | |
| N/A | | | |
| he new name must be distinguishable and contain the | words "Limited I | Liability Company," the designation "LLC" or the abbreviation "L.L.C | . ,, |
| Enter new principal offices address, if appli | cable: | N/A | |
| <u>Principal office address MUST BE A STRE</u> | <u>ET ADDRESS</u> | <u> </u> | |
| Enter new mailing address, if applicable: | | N/A | |
| Mailing address MAY BE A POST OFFICE | BOX) | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | - | red office address on our records, enter the name of shere: | the SECRETARY OF STA |
| | | , Florida 🙀 . | |
| | | City Zip Code | 有 |

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> | Name | Address | Type of Action |
|--------------|---------------------|--|---|
| CFO | Jesus Gonzalez | 7090 SW 2nd Street | Add |
| | **** | Miami, Florida 33144 | ■ Remove |
| | | | Characa |
| coo | Lucio Enrique Reyes | 7090 SW 2nd Street | |
| | | Miami, Florida 33144 | ■ Remove |
| | | 444-444-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4- | ☐ Change |
| | | - | |
| | | | □ Remove |
| | | 4-74 | □ Change |
| | | | □ Add |
| | | | Remove |
| | | *************************************** | □ Change |
| · · · | | | □ Add |
| | | | Remode |
| | | | Comange R |
| | | | |
| | | | Figure Fi |
| | | | ☐ Change |

| If amending any other inform . | | /-> /- areases same | | J y |
|--|--|---------------------------------------|-------------------------------|---------------------------------------|
| · | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| | *** · · · · · · · · · · · · · · · · · · | | | |
| *** | | | | |
| | | | | |
| | · | · | | |
| | | | | |
| | | | | |
| | <u> </u> | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | And the state of t | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Effective date, if other than th | e date of filing: | | (option | nal) |
| f an effective date is listed, the date mu | ust be specific and cannot | | or more than 90 days after fi | ling.) Pursuant to 605.02 |
| Note: If the date inserted in this be document's effective date on the I | | | iling requirements, this o | late will not be listed |
| document a effective date off the f | Department of State S | records. | | |
| | | | | |
| ne record specifies a delaye The 90th day after the re | | but not an effectiv | re time, at 12:01 a. | m. on the earlier |
| the soul day after the re | cora is mea. | | | |
| February, 16th | 201 | 8 | | <u>.</u> 9 |
| Dated | , <u> </u> | - N | | 8 |
| | V () () | 11 | | E 2 |
| | Jum Jarus | r or authorized representa | tive of a mambar | > |
| | Signature of a member | or audiorized representa | aive of a member | -p 3 |
| Juan Carlos Llama | | | | 72 73 |
| | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00