

10/17/2012

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TONY

PAGE 01/03

Division of Corporations

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L12000055061

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA
Account Number : I20010000164
Phone : (305) 893-8989
Fax Number : (305) 891-7717

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA FUEL MARKETING LLC

Certificate of Status	1
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Page Count	02
Estimated Charge	\$30.00

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
(((H120002515843)))
12 OCT 17 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FUEL MARKETING 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 APRIL 23, 2012 and assigned Florida document number L12000055061.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

TONY PORNPRINYA

New Registered Office Address:

10800 BISCAYNE BLVD. SUITE 988

Enter Florida street address

MIAMI

City

, Florida

33161

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 Changing Registered Agent, Signature of New Registered Agent

(((H12000251584 3)))
 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sabatino S. Dell'Orefice	8490 NW 44 Street, Sunrise, FL 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DEPT. OF STATE
TALLAHASSEE, FLORIDA
12 OCT 17 AM 8:17
FILED

Dated October 16, 2012

Signature of a member or authorized representative of a member

Typed or printed name of signee

JOAN CARLOS PETRICCA

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Filing Fee: \$25.00

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