## L12000071794

| (Re                                     | questor's Name)    |             |  |  |  |  |
|---|--------------------|-------------|--|--|--|--|
| (Ad                                     | dress)             |             |  |  |  |  |
| (Ad                                     | dress)             |             |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone  | e #)        |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |  |
| (Business Entity Name)                  |                    |             |  |  |  |  |
| (Document Number)                       |                    |             |  |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |  |
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SECRETARING OF STATE

C. LEWIS

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EXAMINER

## **COVER LETTER**

| Tổ:                                    | Registration S<br>Division of Co | ection 🚧 🖛<br>erporations                   | *216                               | .0  | <b>स्</b> रूप ह<br>नदह | Ang the Mark  | 974<br><b>448</b> |  |
|--|----------------------------------|---|------------------------------------|---|------------------------|---|-------------------|--|
| SÜBJI                                  | ECT:                             | ONO   | O VALER                            | O LLC   |                        |   |                   |  |
|  |                                  | Name of                                     | Limited Liability                  | / Company   |                        |   |                   |  |
| The en                                 | closed Articles o                | f Amendment and fee(s) ar                   | e submitted for f                  | iling.  |                        |   |                   |  |
| Please                                 | return all corresp               | ondence concerning this m                   | natter to the follo                | wing:   |                        |   |                   |  |
|  |                                  |   | <del></del>                        | Becker, Esc                                       | <b>վ</b> .             |   |                   |  |
|  |                                  |   | Name                               | of Person   |                        |   |                   |  |
|  |                                  |   | Becker & As                        |   | P.A.                   |   |                   |  |
|  |                                  |   | Firm/                              | Company   |                        |   |                   |  |
|  |                                  | 530   | )1 N Federal                       | Highway, S  | Ste 280                |   |                   |  |
|  |                                  |   | Ac                                 | Idress  |                        |   |                   |  |
|  |                                  |   | Boca Rato                          | on, FL 3348                                       | 7                      |   |                   |  |
|  |                                  |   |                                    | and Zip Code                                      |                        | · · · · · · · · · · · · · · · · · · ·                           |                   |  |
|  |                                  | E-mail addr                                 | info@bgbim<br>ess: (to be used for | migration.c                                       | om                     | ion)  |                   |  |
| For fu                                 | rther information                | concerning this matter, ple                 |                                    |   | •                      |   |                   |  |
|  | Brian                            | G. Becker, Esq,                             | at (                               | 561 <sub>)</sub>                                  | 67                     | 4-0080  |                   |  |
|  | Name                             | of Person                                   |                                    | Area Code & Daytime Telephone Number              |                        |   |                   |  |
| Enclos                                 | sed is a check for               | the following amount:                       |                                    |   |                        |   |                   |  |
| <b>\$25</b>                            | 5.00 Filing Fee                  | \$30.00 Filing Fee &<br>Certificate of Stat | us Cert                            | 0 Filing Fee &<br>tified Copy<br>litional copy is |                        | \$60.00 Filing<br>Certificate of<br>Certified Co<br>(additional | of Status &       |  |
|  | Regis                            | LING ADDRESS: tration Section               |                                    | Registrati  | on Section             | ADDRESS:  |                   |  |
| Division of Corporations P.O. Box 6327 |                                  |   |                                    | Division of Corporations Clifton Building         |                        |   |                   |  |

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUN 20 PM 2: 10

|  |  | Steria          |                           |  |  |  |  |  |
|--|--|-----------------|---------------------------|--|--|--|--|--|
| (Name of the Limited I   | ONCO VALERO LLC  |                 | STATE STATE               |  |  |  |  |  |
| (Name of the Limited L   | ONCO VALERO LLC <u>liability Company as it now appears</u> lorida Limited Liability Company) | on our records: | HOSEE, FLORIDA            |  |  |  |  |  |
|  |  |                 |                           |  |  |  |  |  |
| The Articles of Organization for this Limited Lia  | bility Company were filed on   | 05/30/2012      | and assigned              |  |  |  |  |  |
| Florida document number L12000071794   |  |                 |                           |  |  |  |  |  |
|  | <del></del>  |                 |                           |  |  |  |  |  |
|  |  |                 |                           |  |  |  |  |  |
| This amendment is submitted to amend the follow  | ving:  |                 |                           |  |  |  |  |  |
| A. If amending name, enter the new name of t   | he limited liability company here  | :               |                           |  |  |  |  |  |
| g,   |  |                 |                           |  |  |  |  |  |
| The second section of the distinction of the design of the distinction | aha ayanda Wi ingila di Pabilita Canana  |                 | I C'' an the althoughtion |  |  |  |  |  |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  |  |                 |                           |  |  |  |  |  |
|  |  |                 |                           |  |  |  |  |  |
| Enter new principal offices address, if applical   | ole:   |                 |                           |  |  |  |  |  |
| (Principal office address MUST BE A STREET   | ADDRESS)   |                 |                           |  |  |  |  |  |
|  |  |                 |                           |  |  |  |  |  |
|  |  | ·.              |                           |  |  |  |  |  |
| T  |  |                 |                           |  |  |  |  |  |
| Enter new mailing address, if applicable:  |  | ·               |                           |  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                 |                           |  |  |  |  |  |
|  |  |                 |                           |  |  |  |  |  |
|  |  | <u> </u>        |                           |  |  |  |  |  |
| 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:  | Onur OZZEYBEK  |                 |                           |  |  |  |  |  |
| The state of the s |  |                 |                           |  |  |  |  |  |
| New Registered Office Address:   | 2900 OKEECHOBEE BLVD   |                 |                           |  |  |  |  |  |
|  | Enter Florida street address   |                 |                           |  |  |  |  |  |
|  | WEST PALM BEACH  | , Florida       | 33409                     |  |  |  |  |  |
|  | City   | , - 1011000     | Zip Code                  |  |  |  |  |  |
| Naw Degistered Agent's Signature if changing De  | raictored Agents   |                 |                           |  |  |  |  |  |

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

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 **Address** Type of Action <u>Title</u> <u>Name</u> **MGRM** KOSEM, CAN 300 WEST PALMETTO PARK ROAD ☐ Add Remove #A-502 **BOCA RATON FL 33432 US** ☐ Add Remove ☐ Add Remove ∏ Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JUNE 11 2012 Signature of a member or authorized representative of a member DULEYBEK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00