## L12000092174

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D. BRUCE

AUG 0 1 2012

## **COVER LETTER**

Division of Corporations				
SUBJECT:	SOUTHEAST GI	REASE SOLUTION	LLC	
Sebulet,		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
	ndence concerning this matte	_		
, rease retain an correspon	indende contestining and matte	to the following.		
		JALAL M. DARWISH		
	Name of Person			
	Firm/Company			
	850 CAPITALWALK DR, APT 1209			
		Address	1200	
	<del>-</del>			
	TALLAHASSEE, FL 32303  City/State and Zip Code		50 <b>-</b>	
	MODARWISH1968@HOTMAIL.COM			FE P mum
	E-mail address:	to be used for future annual repo	rt notification)	21 6
For further information co	oncerning this matter, please	call:		SSEE
ΙΔ 1ΔΙ	. M. DARWISH	at ( 850 )	509-4511	EE, FLO
Name of		at ( 650 ) Area Code &	Daytime Telephone Number	5: 52
			, .	RIDA
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	closed) Certified	te of Status &
MAILI	NC ADDRESS	QTDFBT/C	OUDIED ADDRESS	

MAILING ADDRESS:

TO:

**Registration Section** 

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

SOUTHEAST G	GREASE SOLUTION LLC
(A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L12000092174	ompany were filed onJULY 17, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ALLI
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	- PHZ: 52
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, 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 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 <u>Title</u> **Address** <u>Name</u> **Type of Action** MGR SAMER DARWISH ☐ Add 850 CAPITALWALK DR TALLAHASSEE, FL 32303 ✓ Remove JALAL M. DARWISH MGRM 850 CAPITALWALK DR, APT 1209 ✓ Add Remove TALLAHASSEE FL 32303 ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 1** 2012 Signature of a member or authorized representative of a member JALAL M. DARWISH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00