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COVER LETTER

O: Registration Sec Division of Corp			1
LOU'S FILE	ING STATION LLC		•
UBJECT:	Name of Limite	ed Liability Company	
	Amendment and fee(s) are submindence concerning this matter to		• •
	FRANK BRUNN		¦
		Name of Person	
	FCDC		
		Firm/Company	· ·
	407 EAST NEW HAVEN	AVENUE	
		Address	
	MELBOURNE, FL. 32901	-1 507	n.a
		City/State and Zip Code	Cation)
	TAXMANFRANK@GMAI	L.COM	Sation) F
For further information	E-mail address: (t concerning this matter, please ca	to be used for future annual report notifiall:	\$ 50 m
FRANK BRUNN		321 727-2672	Telephone Number 73
Name	of Person	Area Code Daytime	Telephone Number 70
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOU'S FILLING STATION LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company were filed on Horida document number L12000140687	nd assigned
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	i i
	1 07
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Principal office dadress MOST BE A STREET ADDRESSY	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	1
B. If amending the registered agent and/or registered office address on our records, enter the	name of the
registered agent and/or the new registered office address here:	السال لل
ين الله الله الله الله الله الله الله الل	7
Name of New Registered Agent:	
	0 .
New Registered Office Address: Enter Florida street address	-
, Florida	
Cin Zi,	p Code
New Registered Agent's Signature, if changing Registered Agent:	
	o comply with
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	iar with and
provisions of all statutes relative to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the	is accained to
being filed to merely reflect a change in the registered office address. I hereby confirm that the limited	ˈliabiliˈt̪v

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 Type of Action <u>Address</u> <u>Name</u> Title 411 EAST NEW HAVEN AVENU LUKE CABOT MGR □ Add MELBOURNE, FL. 32901-4507 🗏 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Changel U □ Remove ○ ○ □ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change

amending any oth	ter information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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Effective date, if ot	ther than the date of filing:	tional) L	المتمار
	ther than the date of filing: (Op- ted, the date must be specific and cannot be prior to date of filing or more than 90 days aft certed in this block does not meet the applicable statutory filing requirements, the	his date will not b	e listed as the
document's effective	e date on the Department of State's records.	1: 00 1: 00 08i0	
ne record specifie The 90th day a	es a delayed effective date, but not an effective time, at 12:01 ofter the record is filed.	a.m. on the t	samer or.
The Sour day a			;
08-09 Dated	. 17		
	211111		
	Signature of a member or authorized representative of a member		- .
	Signature of a member of audiorized representative of a member		· •
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Filing Fee: \$25.00