

# L/2000/4/1963

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6333

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE  
Account Number : I19990000148  
Phone : (813) 769-7692  
Fax Number : (813) 223-6121

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
V MARINE FUELS US LLC

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: V MARINE FUELS US LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Jacobson, Esq.

Name of Person

Buchanan, Ingersoll & Rooney PC

Firm/Company

401 E. Jackson St., Suite 2400

Address

Tampa, FL 33602

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard A. Jacobson

813

222-1105

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$60.00 Filing Fee,  
Certificate of Status &  
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(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  
Chiron Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Buchanan Ingersoll + Rooney 4125621041

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

FILED  
19 JUL 22 PM 11:40  
TALLAHASSEE, FLORIDA

V MARINE FUELS US 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 November 8, 2012 and assigned  
Florida document number LI2000141963

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CoMgr	Guimaraes Nicola, Fernando Luiz	500 Australian Avenue South	<input type="checkbox"/> Add
		Suite 705	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
CoMgr	Ireland, Thomas Anthony	500 Australian Avenue South	<input type="checkbox"/> Add
		Suite 705	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
Mgr	Ireland, Thomas Anthony	500 Australian Avenue South	<input checked="" type="checkbox"/> Add
		Suite 705	<input type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

ALLA HILL, FLORIDA  
JUL 22 11 40 AM '11

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

N/A

19 JUL 22 PM 11:46  
FALLS CHURCH, VA  
RECEIVED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

7/17/2019



Signature of a member or authorized representative of a member

Authorized Agent

Typed or printed name of signee