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SECRETARY OF STATE

2013 JUN 20 AM 10: 05

B. BOSTICK
JUN 21 2013
EXAMINER

## **COVER LETTER**

TO:

Registration Section .
Division of Corporations

TRIP FUEL ADVANCE 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:

JUAN J BASANEZ

Name of Person

TRIP FUEL ADVANCE LLC

Firm/Company

9905 NW 116TH WAY #221

Address

MEDLEY, FL 33178

City/State and Zip Code

tripfueladvance@hotmail.com

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

For further information concerning this matter, please call:

E. A ACOSTA-CHEGWIN

Name of Person

Area Code & Daytime Telephone Number

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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIP	FU	IEL	ΑD	V/	lΝ	CE	LL	_C	

(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 Lia Florida document number L12000146308	bility Company v	were filed on 11/20/20	)12 an	d assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the	designation "LLC" or	the abb	reviation
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		IAI:	201	
			_CR A-R	<u> </u>	-71
			<b>→</b> (**)	=	
Enter new mailing address, if applicable:			ass Asir	20	1
• ••	a a v			R	111
(Mailing address MAY BE A POST OFFICE B	<u>(UX)</u>		<u> </u>	<del></del>	'bane'
				-26	
B. If amending the registered agent and/or registered agent and/or the new registered offi	~		ords, enter the na		<u>the new</u>
Name of New Registered Agent:	JUAN J BA	SANEZ		. <u> </u>	
New Registered Office Address:	9905 NW 1	16TH WAY SUIT	E 221		
New Registered Office Address.		Enter Flor	ida street address		
	MEDLEY		, Florida <u>33178</u>		
		City	Zip	Code	
New Registered Agent's Signature, if changing Re	egistered 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

Page 1 of 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 **Title** Address **Type of Action** Name 1 9905 NW 116TH WAY JUAN J BASANEZ **MGRM SUITE 221** Remove **MEDLEY, FL 33178** 9905 NW 116TH WAY **MGRM** EDGARDO D ACOSTA-CHEGWIN **SUITE 221** MEDLEY, FL 33178 Remove Remove Remove Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
ated _	June 1) 20/3
	( an Breen
	Signature of a member or authorized representative of a member
	JUAN J BASANEZ
	Typed or printed name of signee

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Filing Fee: \$25.00

2013 JUN 20 AM 10: 06