

Florida Department of State
Division of Corporations
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(((H14000232718 3)))



H140002327183ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

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14 OCT -6 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PETROSUD SERVICES USA, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

K. SALY
EXAMINER

OCT -7 2014



October 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PETROSUD SERVICES USA, LLC
10560 NW 27TH ST
101 A
DORAL, FL 33172

SUBJECT: PETROSUD SERVICES USA, LLC
REF: L13000056454

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000232718
Letter Number: 014A00021274

RECEIVED
14 OCT -6 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PETROSUD SERVICES USA, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2014 OCT -6 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/17/2013 and assigned
Florida document number L13000056454

This amendment is submitted to amend the following:

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

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

1451 SOUTH MIAMI AVE

APT 311

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 SOUTH MIAMI AVE

APT 311

MIAMI, FL 33130

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:

ALBERTO DALVA

New Registered Office Address:

1451 SOUTH MIAMI AVE, APT 311

Enter Florida street address

MAIMI

City

Florida 33130

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	JULIA YNES HERNANI NUNEZ	1451 SOUTH MIAMI AVE # 311	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
MGRM	ALBERTO DALVA	1451 SOUTH MIAMI AVE # 311	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
MGRM	VELASQUEZ, HAYDHELEN	10560 NW 27TH ST # 101-A	<input type="checkbox"/> Add
		DORAL, FL 33172	<input checked="" type="checkbox"/> Remove
MGR	LORENZANA, RONALD	8141 SW 119TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **SEPT 29,**

2014

Signature of member or authorized representative of a member

ALBERTO DALVA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA