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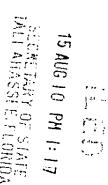
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





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AUG 1 1 2015 J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor	ction A poration's	a y a rain	· -
CHIEF TELESCOPE	equisitions Two, LLC		
SUBJECT:	Name of Lim	ited Liability Company	. -
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John L. Soileau		
		Name of Person	
	Watson, Soileau, DeLeo, E	Burgett & Pickles, P.A.	
		Firm/Company	
	3490 North U.S. Highway	1	
		Address	
	Cocoa, FL 32926		
		City/State and Zip Code	
	jsoileau@brevardlawgroup.		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
John L. Soileau		321 631-1550 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Orlando Acquisitions Two, LLC		
(Name of the Limited L (A F	lability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the		
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		15 ACE
Name of New Registered Agent:		AUG 1
New Registered Office Address:	Enter Florida street address	STATE OF THE PERSON OF THE PER
	Enter Florida street address , Florida	
- 	City	Zip Code
Naw Dagistared Agent's Signature, if changing Degi	stered 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

ì

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	East Coast Petro, Inc.	402 High Point Drive, Ste 101	
		Cocoa, FL 32926	■ Remove
			Change
			□ Add
			Remove
			☐ Change
		Remove	
			Change
		□ Add	
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		RIDA RIDA	
Effect	tive date, if other than the date of filing:	(optional)	
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. If the date inserted in this block does not meet the applicable statutory filing requirement, seffective date on the Department of State's records.	ays after filing.) Pursuant to ents, this date will not be	605,0207 listed as
	cord specifies a delayed effective date, but not an effective time, at ${f 1}$ e 90th day after the record is filed.	2:01 a.m. on the ea	arlier of
Dated	June 22 , 2015		
	A11	, /	
	Signature of a member or authorized representative of a member		-

Page 3 of 3

Filing Fee: \$25.00