## 113000062215

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## COVER LETTER

то:	Registration Sec Division of Corp			4		
CHDIC		EZ FUEL TRANSPORT LLC	•			
SUBJE	Name of Limited Liability Company					
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please 1	eturn all correspoi	ndence concerning this matter	to the following:			
		JASON FERNANDEZ				
			Name of Person			
		FERNANDEZ FUEL TRA	ANSPORT LLC			
			Firm/Company	<del></del>		
		11413 CRESTLAKE VIL	LAGE DR			
			Address	<del></del>		
		RIVERVIEW, FL 33569				
		don_most@yahoo.com				
		E-mail address: (	to be used for future annual report notifi	ication)		
For furt	her information co	oncerning this matter, please co	all:			
JASON	I FERNANDEZ		631 484-0532			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e 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

FERNANDEZ FUEL TRANSPORT LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>y as it now appears on our records.)</u> ability Company)	
The Articles of Organization for this Limited Liability Company with Florida document number $\frac{L13000062215}{L13000062215}$ .	were filed on 04/29/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
J. FERNANDEZ LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	77.2
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		enter the name of the n
Name of New Registered Agent:	HA	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flori	ida
	City	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 = 1 AMBR =	Manager Authorized Member		1.0	
<u>Title</u>	<u>Name</u>	<u>Address</u>	NA	Type of Action
		_		□ Add
		<del></del>		□ Remove
			/	Change
	<del></del>	_		
			/	☐ Remove
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(If an e <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	FEBRUARY 8 . 2021
	Signature of a member or authorized representative of a member
	/

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Filing Fee: \$25.00