L13000109466

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORPOPETROL, LLC		
	<u> </u>	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
1		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		✓ Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
0:		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: BA		UCC 1 or 3 File
10/27		UCC [] Search
Name Date	Time	UCC Retrieval
Walk-In Will Pi	ck Up	Courier

COVER LETTER

TO: Registration Division of C			
	ETROL, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	condence concerning this matte	er to the following:	
	DR CARLO JASBON		
		Name of Person	
	CORPOPETROL, LLC		
		Firm/Company	
7750 OKEECHOBEE BLVD, SUITE 4429			
		Address	
	WEST PALM BEACH, F	FLORIDA 33411	
	CEOI@CORPOPETROL.	City/State and Zip Code	
		(to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	ali:	
DR CARLO JASBON		561 2414300 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Englosed is a check for a	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy to enclosed)	□ \$60.00 Filling 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

CORPOPETROL, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ins as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>Li3000109466</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liahi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7750 OKEECHOBEE BLVD, SUIT	
(Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FLORIDA	3411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> <u>c</u> :	er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida, Florida	
	City	24p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		agree to comply with the
I hereby accept the appointment as regularies and	Lumana at un dutier and La	m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
	JASBON, CARLO ISAAC, JR	7750 OKEECHOBEE BLVD,	Add
		SUITE 4429	■ Remove
		WEST PALM BEACH, FLORIDA	Change
<u> </u>	ECHAVARRIA, RIGUEL IDALY	7750 OKEECHOBEE BLVD,	D Add
		SUITE 4429	■ Remove
		WEST PALM BEACH, FLORIDA	Change
JASBON, ILKA C.	JASBON, JLKA C.	7750 OKEECHOBEE BLVD,	
		SUITE 4429	■ Rетюче
		WEST PALM BEACH, FLORIDA	□ Change
			Remove
			☐ Change
			🗆 Add
			☐ Remove
			Change
			🗆 Add
			Cl Remove

•					
• •	· ·				
· D. If	amending any other information, en	iter change(s) here: (Attach add	ditional sheets, if necessary.)		
			 		
					
					
					
					
					
		Slings	(optional)		
(If en <u>Not</u> docu	ective date, if other than the date of the effective date is listed, the date must be specified. If the date inserted in this block does turnent's effective date on the Department.	e and cannot be prior to date of bling or not meet the applicable statutory fil of State's records.	r more than 90 days after filing.) Pura ling requirements, this date will a	oot be listed as the	
If the r (b) The	record specifies a delayed effection in the specifies and specifies a delayed effection is fill the second in the sec	ve date, but not an effective led.	e time, at 12:01 a.m. on ti	ne earlier of:	
Date	OCTOBER 26	2017	$\mathcal{O}\mathcal{D}$		
Date		alole	why.		
	Signature	of member or authorized representati	ve of a member		
	DR CARLO JASBON		/	17 38 11 <u>4</u> 1	
		Typed or printed name of signee	/		
		Page 3 of 3		OCT 2	<u> </u>
		Filing Fee: \$25.00		27 27 55.55 55.55	二 可
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