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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579

Fax Number : (305)643-5225

**Enter the email address for this business entity to be used for future am wal report mailings. Enter only one email address please. W

Email Address: aliminservices Warrai

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JAN 04 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DAVIE PETROLEUM LLC				
(Name of the	Limited Liability Com (A Florida Limite	npany as it now appears on or d Liability Company)	ur records.)	
The Articles of Organization for this Limi	ited Liability Compa	ny were filed on 10/02/20	13	and assigned
Florida document number L13000138921	·			
This amendment is submitted to amend th	e following:			
A. If amending name, enter the new na	me of the limited lia	ability company here:		
The new name must be distinguishable and contain	the words "Limited Lis	bility Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if a	pplicable:			
(Principal office address MUST BE A ST	REET ADDRESS)			
F . W 11 . W 11		7855 NW 12th St Ste 2	14	
Enter new mailing address, if applicable		Doral FL 33126		
(Mailing address MAY BE A POST OFF)	<u>(CE MOA)</u>		· · · · · · · · · · · · · · · · · · ·	
க். If amending the registered agent and agent and/or the new registered office ad	dress here:		enter the name o	of the new register
Name of New Registered Agent:	ARISTIDES F	ERNANDEZ		
New Registered Office Address	7855 NW 12T			<u>.</u>
	2024	Enter Florida strent		
	DORAL	City	_, Florida 33126	Zip Code
New Registered Agent's Signature, if changi	ng Registered Agent:	•	₩ .	2023
hereby accept the appointment as regist provisions of all statutes relative to the pr accept the obligations of my position as r being filed to merely reflect a change in to company has been notified in writing of the	roper and complete egistered agent as p he registered office	performance of my duti provided for in Chapter	es, and I am fam 605. F.S. Or, if t	iliar with and his dosument is

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 M	lember

Title	<u>Name</u>	Address	Type of Action
AMBR	ALFONSO VARGAS	3350 DAVIE BLVD	
		FT LAUDERDALE FL 33312	□Remove
			□ Change
			⊏Add
			□ Remove
			□Change
		-	ƏAdd
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			[] Change
B-1			□Add
			□ Remove
			□ Change

	-	
Note:	If the date inserted	than the date of filing:
he recor ord is fil		ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
Dated	DECEMBER 28TF	H 2022
		Signature of a member or authorized representative of a member
	LUCIANO DI	
	1 1 IL (ANCED) 4	4/