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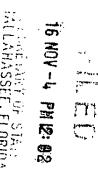
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	VCAIT LICARICE		
		Name of Person	
·	Prevatte's Standard Fuel (Oil, LLC	
		Firm/Company	
	690 L.B. Brown Avenue		
		Address	
;.	Bartow, FL 33830		
•		City/State and Zip Code	
		•	
rmation con		•	ication)
		863 533-5106	
Name of F	erson	Area Code Daytime	: Telephone Number
neck for the	following amount:		
ig 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
1	mation con Name of F	prevatteoil690@comcast.n E-mail address: mation concerning this matter, please of the following amount: g Fee	City/State and Zip Code prevatteoil690@comcast.net E-mail address: (to be used for future annual report notification concerning this matter, please call: 863 533-5106 1

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Prevatte's Standard Fuel Oil, LLC		
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L14000024906		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	ြုံ တိ
		200
		SS A
B. If amending the registered agent and/or	r registered office address on our rec	
registered agent and/or the new registered offic	ce address nere:	F. 5.
37 - 5 - 1 - 1 - 1 - 1		DAID
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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effective date is used, the date must be specific and cannot be prior to date of fluing. If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	y filing requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	live time, at 12:01 a.m. on the earlie
11-1, 2016	
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