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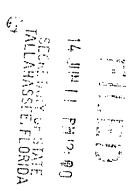
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COVER LETTER

TO:

Registration Section & Division of Corporations

SUBJECT:

SLAND PETROLEUM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASHOK K RAVAL

Name of Person

ISLAND PETROLEUM LLC

Firm/Company

18044 JAVA ISLE DR.

Address

TAMPA, FLORIDA - 33647

City/State and Zip Code

AKRAVAL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHOK K RAVAL

"_/813_、766 7526

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the 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

ISLAND PETROLEUM LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

(A)	torida Elimica Elabinty Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on 05/05/2014	and assigned	
Florida document number L14000072580		-	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	· · · · ·	_
B. If amending the registered agent and/or	registered office address on our records, enter	the name of the	e neu
registered agent and/or the new registered office		the hame of the	
		٠,	
Name of New Registered Agent:	<u> </u>	i	_
New Registered Office Address:			<u></u> :
	Enter Florida street address	五 。	rain
-	, Florida	33 - 1	- 1010
N D	City	r Zip Code	7 :
New Registered Agent's Signature, if changing Registered Agent:		- <u>5</u> 5	Peltir or or P
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further ago and complete performance of my duties, and I am f ed agent as provided for in Chapter 605, F.S. Or, astered office address, I hereby confirm that the lin nge.	a <mark>m</mark> iliar with and if this document	1
	If Changing Registered Agent, Signature of New Re	gistered Agent	

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** HARSHNIL PATEL 5898 116TH AVE N MGR ■ Add PINELLAS PARK, FL 33782
Remove _□ Add _ Add ☐ Remove □ Add ☐ Remove Remove PH CONTENTS

_□ Add

□ Remove

. If amending any other information, enter	ter change(s) here: (Attach additional sheets, if necessary.)	
•		
 Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to determine the date this document is filed by the Florida Department.) 	date of receipt or filed date and cannot be more than 90 days after	
Dated 06/06	2014	
Dated	- Culum	
	a member or authorized representative of a member	
ASHOK K RAVAL		
	Tymod or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00

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