L14000085/84

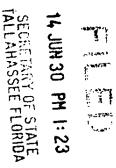
	Requestor's Name)
	Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	;

Office Use Only



700261808137

06/30/14--01018--001 **25.00



JUL - 1 7014

T. HAMPTON

COVER LETTER

	tion Section of Corporations		
SUBJECT:	MARCOS PETFOLEUM Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	kõ	BNIATL Name of Person	
	-	Name of Person	1112
	NATIONS KI	PARTOGAL SONVICES Firm/Company	Lle
		Firm/Company	
	40DI NW	97 AVO, # 200	
		·	
	Mians, FL	33/78 City/State and Zip Code	
	So e Payo,	News. Coro	
			fication)
	ation concerning this matter, please ca		
	loc Ismsyl Name of Person	at (355) 594-9 Area Code Daytim	e Telephone Number
Enclosed is a chec	k for the following amount:		
\$25.00 Filing :	Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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

MARCOS PETRILICUM LL	<u>_</u>	
MARCOS POTRICA COMP. (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u>L 140000 85184</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lizh	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MASSOOD ALT	
(Principal office address MUST BE A STREET ADDRESS)	1095 NO. COLLIER BL	P
	MARCO ISLAND 34	196
•		N 3
Enter new mailing address, if applicable:		SS TO TO THE TOTAL
(Mailing address MAY BE A POST OFFICE BOX)		mg 3
		SIA P
		57 3
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGR_	MASSOD ALT	1095 NO. COLLIGH BLUD MANCE ISLAND, FL	© Add 3 44 4 3
			□ Remove
			 □ Add
			D Add
			□ Remove
<u> </u>			
			□ Remove
	·	TALLAMAS	SECULIARY OF STATE
			PM 1: 23 dd Add Add
			□ Remove
		•	
			Add
		·	☐ Remove

fective date, if other than the date of filing: (opt	
ective date, if other than the date of filing: (opt	
ective date, if other than the date of filing: (opt	
ctive date, if other than the date of filing: (opt	
etive date, if other than the date of filing: (options)	
etive date, if other than the date of filing: (options)	
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days late this document is filed by the Florida Department of State)	ional) after
d Juni 24, 9014	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

