L15000079833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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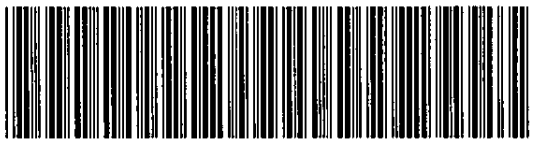

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15 JUL -8 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LAKE PANASOFFKEE FUELS 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:

AMIT A SONIMINDE
Name of Person

LAKE PANASOFFKEE FUELS LLC
Firm/Company

293 E C470
Address

LAKE PANASOFFKEE FL 33538
City/State and Zip Code

lakepanafuels@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMIT A SONIMINDE at (678) 790 - 9915
Name of Person Area 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUL -8 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 30, 2015

AMIT A SONIMINDE
293 E C470
LAKE PANASOFFKEE, FL 33538

SUBJECT: LAKE PANASOFFKEE FUELS LLC
Ref. Number: L15000079833

We have received your document for LAKE PANASOFFKEE FUELS LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 115A00013732

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF,

FILED

LAKE PANASOFFKEE FUELS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

15 JUL -8 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/6/2015 and assigned Florida document number L15000079833

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: AMIT A SONIMINDE

New Registered Office Address: 293 E C470
Enter Florida street address

LAKE PANASOFFKEE, **Florida** 33538
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.

X
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

Title	Name	Address	Type of Action
MGR	AMIN ALIBHAI	293 E C470	☐ Add
		LAKE PANASOFFKEE, FL, 33538	☒ Remove
			☐ Change
MGR	AMIT A SONIMINDE	293 E C 470	☒ Add
		LAKE PANASOFFKEE FL 33538	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

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TALLAHASSEE, FLORIDA

Dated 07/06/, 2015

Signature of a member or authorized representative of a member

Amit A. Soniminde

Typed or printed name of signee

Filing Fee: $25.00