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S. PRATHER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	LAKE PANASOFFKEE FUEL: Name of Lim	S LLC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JOHN, DOMINIC		
		Name of Person	
	DJ & J ASSOCIATES		
		Firm/Company	
	2400 SE 36TH AVENUE,	#104	
	······································	Address	
	OCALA, FL 34471		
	dj_venad@yahoo.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	all:	
DOMINIC JOHN		352 789-0906 at ()	
Nan	ne of Person		Telephone Number
Enclosed is a check for	or 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

LAKE PANASOFFKEE FUELS LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	SS - M
		SERV. A. I
The Articles of Organization for this Limited Liability	Company were filed on 05/16/2016	n and assigned
Florida document number L15000079833	·	08
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
registered agent and/or the new registered office ad	uress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	KARAMTARA USA INC	293 E. CC 470, LAKE PANASOFFKEE, FL 33538	
			☐ Remove
			■ Change
			Add
			□ Remove
			☐ Change
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Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	his block does not r	meet the applicable	date of filing or more the estatutory filing requ	an 90 days after filir uirements, this dat	ig.) Pursuant to se will not be	o 605.0207 (listed as t
ne record specifies a del The 90th day after the	ayed effective on record is filed.	date, but not a	n effective time,	at 12:01 a.m	The UCI	3 77
OCTOBER 2		2018			AHA I	Chestan.
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	He	July-				

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Typed or printed name of signee

Filing Fee: \$25.00