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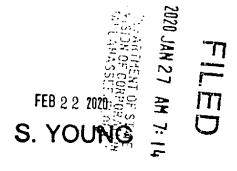
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COVER LETTER

TO:

SOBJECT:	Name of Lim	ited Liability Company	 _	
The analogue Articles of	Anondment and fee(s) are sub	mitted for filing		
	SAMIT A SONIMINDE			
		Name of Person		
Firm/Company 293 E C 470 Address LAKE PANASOFFKEE, FL 33538 City/State and Zip Code SAM@AMROYALS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAMIT A SONIMINDE Name of Person at (Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Certificate Of Status Certificate Of Status Certificate Of Status Certificate Opy Certificate Of Status Certificate Opy Certificate Of Status Certificate Opy Certificate Opy Certificate Of Status				
	293 E C 470			
		ent and fee(s) are submitted for filing. oncerning this matter to the following: IIT A SONIMINDE Name of Person Firm/Company E C 470 Address E PANASOFFKEE, FL 33538 City/State and Zip Code @AMROYALS.COM E-mail address: (to be used for future annual report notification) g this matter, please call: at (678 Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
	LAKE PANASOFFKEE,	FL 33538		
		1		
For further information ec			ification)	
	-	678 800-3248		
Name of	`Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection	
		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, F				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKE PANASOFFKEE FUELS LLC		AND
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Name of the Limited Liability Compar (A Florida Limited L		NEWI :
The Articles of Organization for this Limited Liability Company	were filed on <u>05/16/2016</u>	Tigging 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 liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	s	
New Registered Office Address:	Enter Florida street address	
	Emer r toriaa street audress	
	, Florid	a
	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
MBR	KARAMTARA USA INC	293 E CC 470	🗆 Add
		LAKE PANASOFFKEE, FL 33538	≅Remove
			Change
М	KARAMTARA USA INC	293 E C 470	□Add
		LAKE PANASOFFKEE, FL 33538	■Remove
			□Add
			□Remove
			Change
.			DAdd
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Note: I	ve date, if other than the date of filing: (optional) retive 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	207 (3 . as th
ne record ord is file	I 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 ed.	he
Dated _	JANUARY 24TH 2020	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00