

L50009384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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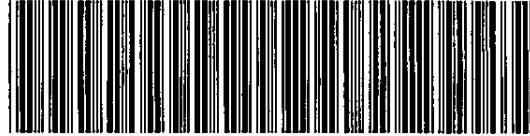
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/25/16--01029--020 \*\*25.00

JAN 26 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORMULATED FUEL, 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:

KRISTIE FINBERG

\_\_\_\_\_  
Name of Person

FORMULATED FUEL

\_\_\_\_\_  
Firm/Company

P.O. BOX 1502

\_\_\_\_\_  
Address

BOERNE, TX 78006

\_\_\_\_\_  
City/State and Zip Code

sdaileyconsult@aol.com , jeff@formulatedfuels.com

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

For further information concerning this matter, please call:

Kristie Finberg

972

951-3616

at ( )

\_\_\_\_\_  
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

FILED  
16 JAN 25 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**TO  
ARTICLES OF ORGANIZATION  
OF**

Formulated Fuel LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 28, 2015 and assigned  
Florida document number L15000093844.

This amendment is submitted to amend the following:

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

Formulated Fuels LLC

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

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)

P.O. Box 1502

Boerne, TX 78006

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dailey, Steve	209 Heatherwood Ct.	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Fair, Jeff	P.O. Box 3352	<input type="checkbox"/> Add
		Allentown, PA 18106	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Finberg, Kristie	P.O. Box 1502	<input checked="" type="checkbox"/> Add
		Boerne, TX 78006	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 JAN 25 PM 4 43

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

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.