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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	LARGO FUE	ELS, LLC		
0.000,000		Name of Limit	ted Liability Company	 ,
The enclosed	I Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		JACQUELINE HERNAND	DEZ-VALDES, ESQ	
			Name of Person	
		THE LAW OFFICE OF JA	CQUELINE HERNANDEZ-VA	LDES
			Firm/Company	
		2474 SECOFFEE TERRAC	CE	
		 	Address	
		MIAMI, FL 33133		
		JRHVESQ@BELLSOUTH.	City/State and Zip Code NET	
		E-mail address: (to	o be used for future annual report no	stification)
For further in	nformation cor	ncerning this matter, please ca	11:	
JACQUELI	NE HERNAN	DEZ-VALDES	305 860-6015	
	Name of I	Person	at ()	me Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

LARGO FUELS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L15000166992	were filed on October 1, 2015	and assigned
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 Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2019
		ASE THE
		P 7
Enter new mailing address, if applicable:		ω
(Mailing address MAY BE A POST OFFICE BOX)		S. H
Hanning duartess MITT BETTT OFF OF THEIR BOTT		79
	-	9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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
AMBR	ISAIAS OCHOA	10620 Overseas Highway Key Largo, Fl 33037	
			■ Remove
			Change
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ective date, if other than th	ie date of filing:				(optional)	
n effective date is listed, the date mete: If the date inserted in this cument's effective date on the	ust be specific and c block does not me	annot be prior eet the applic	to date of filin able statutor;		days after filing.)	
record specifies a delayon The 90th day after the re	ed effective da cord is filed.	ite, but no	t an effect	ive time, at	12:01 a.m. o	n the earlier
ted September 17	,	2019		V)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00