

L15000204195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

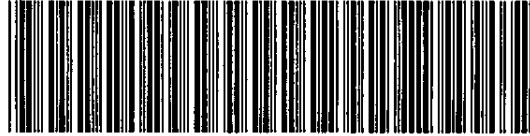
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Amend

01/13/16--01014--017 **60.00

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16 JAN 13 PM 1:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 14 2016

N. CAUSSEAU

Linda Roth, P.A.

ATTORNEY AT LAW

2333 Brickell Avenue Suite A-1
Miami, FL 33129

Telephone: (305) 774-7070
Facsimile: (305) 774-7060
email: lr@lindarothlaw.com

January 12, 2016

Florida Department of State
Division of Corporations
Registration Section
P O BOX 6327
Tallahassee, FL 32314

RE: Tamarac Petro, LLC - Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization, together with our firm's check in the sum of \$60.00 representing the filing fees as applicable. Upon filing of the enclosed, please forward the proof of filing, certificate of status and certified copy to the attention of the undersigned.

Should you have any questions regarding the enclosed or if we may be of further assistance to you at any time, please do not hesitate to contact me.

Cordially,

LINDA ROTH, P.A.



LINDA ROTH, ESQ.
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TAMARAC PETRO, 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:

LINDA ROTH, ESQ.

Name of Person

LINDA ROTH, P.A.

Firm/Company

2333 BRICKELL AVENUE SUITE A-1

Address

MIAMI, FL 33129

City/State and Zip Code

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

For further information concerning this matter, please call:

Linda Roth, Esq.

305 774-7070

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMARAC PETRO, 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 December 7, 2015 and assigned
Florida document number L15000204195.

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TALLAHASSEE, FLORIDA

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) _____

3350 Davie Blvd.

Fort Lauderdale, FL 33312

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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DIAZ, LUCIANO	3350 Davie Blvd.	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VARGAS, ALFONSO	1055 NW 27 Avenue	<input type="checkbox"/> Add
		Miami, FL 33125	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: January 11, 2016 (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.

Dated January 11, 2016

ayh
Signature of a member or authorized representative of a member

ALFONSO VARGAS
Typed or printed name of signer