

L16000004381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

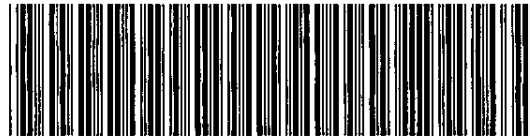
(Business Entity Name)

(Document Number)

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2016 JAN 12 A 9:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JAN 13 2016

S MASON

January 11, 2016

Christopher Burdett  
1810 Old Okeechobee Rd  
Suite A  
West Palm Beach, FL 33409

Florida Dept. of State  
Registration Section  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

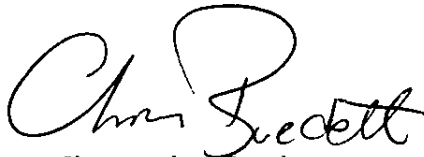
Re: Name Change - 800280678198

I recently submitted an application to form an LLC under the name of Genuine Biofuel Ft Pierce, LLC

I need to change this name (Genuine Biofuel Ft Pierce, LLC) to Indian River Biodiesel, LLC

Sorry for any inconvenience I may have caused. I have included all the necessary forms.

Respectfully,

  
Christopher Burdett

OK# 6932

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GENUINE BIOFUEL FT PIERCE, 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:

CHRISTOPHER BURDETT  
Name of Person

GENUINE BIOFUEL FT. PIERCE LLC  
Firm/Company

1103 N. 2ND STREET  
Address

FT PIERCE, FLORIDA 34946  
City/State and Zip Code

gbfpp1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER BURDETT at (561) 478-5688  
Name of Person Area Code Daytime Telephone Number  
or 561 371-6577

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

GENUINE BIOFUEL FT PIERCE, 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 1-6-2016 and assigned  
Florida document number 800280678198

This amendment is submitted to amend the following:

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

INDIAN RIVER BIODIESEL, LLC

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)**

1103 N 2ND STREET

FT PIERCE, FL 34946

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1810 OLD OKEECHOBEE RD

SUITE A

WEST PALM BEACH, FL 33409

**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:

EDWARD HAYES

New Registered Office Address:

1810 OLD OKEECHOBEE RD - A

*Enter Florida street address*

WPB

*City*

Florida

33409

*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**

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JUN 12 2016  
9:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

or removed from our records:

MGR = Manager

AMBR = Authorized Member

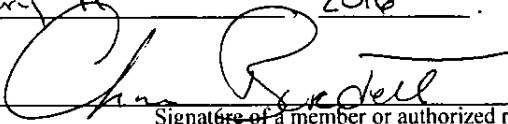
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER BURDETT	1810 OLD OKEECHOBEE RD SUITE A WPB, FL 33409	<input type="checkbox"/> Add <input checked="" type="checkbox"/> SAME <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Change

Lined area for document content.

E. Effective date, if other than the date of filing: January 1 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



Signature of a member or authorized representative of a member

CHRISTOPHER BORDETTI

Typed or printed name of signee

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2016 JAN 12 A 9:18  
DEPT OF STATE  
FLORIDA