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COVER LETTER

	i & OIL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Santiago I. Padilla, Esq.		
		Name of Person	
	Powler Rodriguez, LLP		
		Firm/Company	,
	355 Albambra Circle, Sult	e 801	
		Address	
	Coral Gables, Florida 3312	34	
		City/State and Zip Code	
	spadilla@frfirm.com	to be used for hiture annual report notifi	(cation)
For further information c	oncerning this matter, please of		
Santiago J. Padilla, Esq.		786 364-8463	
Name o	f Person	786 364-8463 at () Area Code Daytime	Telephone Number
Enclosed is a check for ti	ne following amount:		
25.00 Filing Fee	Certificate of Status	C) \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	C \$60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is exclused

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

EASY GAS & OIL, LLC				
(Name of the Limited Liability Compa (A Plonds Elmited)	my as it now unpears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L16000006570	were filed on 01/12/2016	and ass	iigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	illty <u>company here</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbi	eviation "L	L.C.	_
Enter new principal offices address, if applicable:	3355 W. HILLSBORO BOULEVARD			_
(Principal office address MUST BE A STREET ADDRES	DEERFIELD BEACH, FLORIDA 33405			
				-
Enter new mailing address, if applicable:	3355 W. HILLSBORO BOULEVARD			
(Mailing address MAY BE A POST OFFICE BOX)	DEERFIELD BEACH, FLORIDA 33405			-
				_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter t</u> e:	ie name	of the	new
Name of New Registered Agent:			70	.
New Registered Office Address:		4	270 O	-
	Enter Florida street address Florida	:: :: :: :: :: :: :: :: :: :: :: :: ::	9,	
	City	Zip Code	A	
New Registered Agent's Signature, if changing Registered Agent:			10:	(***
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar wit This docu	h and iment i	

Page 1 of 3

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 Title Name Address Type of Action RUA AIRES SALDANHA 71 AF. 203 MOR MARCELA ALEJANDRA ALVAREZ DE SOUZA COPACABANA, RIO DE JANEIRO, BRAZIL Add _□ Remove _ Change _□ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove Change 🕽 ,□,Add _□ Remove ☐ Change

Page 2 of 3

☐ Add

□ Remove

Change

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	(3) (7)	- 6
•		AH.
ffective date, if other than the date of filing: (optional) 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.) Inte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wocument's effective date on the Department of State's records.	Pursuant to 60	509307 (3)(t tiddens the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	in the earli	ler of:
ated April 5 th 2016		
Signature of a member or authorized representative of a member		
		
Secles Soares De Souza		

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Filing Fee: \$25.00