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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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K.SALY EXAMINER

AUG 11 -

COVER LETTER

Division of Cor	porations		•
SUBJECT: ANY	TIME ANY I	WHERE OIL ited Liability Company	CHANGE LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RAFA	FL ROJAS Name of Person	
	ANY TIME	AVY WMBRB Firm/Company	OK CHANGE LLC
	14633 B	LACK CHERRY Address	TR
	WIMBR (AAOEL (E-mail address: (SARODN FL City/State and Zip Code CHANGE G 6MA to be used for future annual re	34787 L- COM
For further information co	oncerning this matter, please ca	all:	
PAFAEL Name of	Person	at (<u>407</u>)	529 72 0 Daytime Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO

FI.

ARTICLES OF O	F WIGALIC - U
ANN TIME ANY WHERE (Name of the Limited Liability Compan (A Florida Limited L	in as it now appears on our records.
The Articles of Organization for this Limited Liability Company	were filed on $01/29/2016$ and assigned
Florida document number	
A. If amending name, enter the new name of the limited liabile PITS OIL LLC. The new name must be distinguishable and contain the words "Limited Liabili"	
Enter new principal offices address, if applicable:	<u>SAME</u>
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAMB
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	AVD
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending	Authorized Person(s) authorized to m	anage, enter the title, name, and address o	f each person being added
or removed MGR	from our records:	Address Address Address Address Address Address	
AMBR = A	uthorized Member	2016 AUG 10	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE	59 Type of Action
		AMASSEE, FLORIE	} <u>^</u> □ Add
			Remove
			□ Change
		MANAGE STATE OF THE STATE OF TH	
			□ Remove
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	2016 AUG 10 PM 3 50 SECTION AUG 10 PM 3 50 IALLAHASSEE, FLORIUS
	SECRETARY OF STATE
	TALLAHASSEE, FLORIUS
	AHASSEE, FLORIDA
	- CORIDA:
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ate, if other than the date of filing:	(optional)
date inserted in this block does not meet the applicable statutory filing requ	uirements, this date will not be listed as the
effective date on the Department of State's records.	
specifies a delayed effective date, but not an effective time, n day after the record is filed.	, at 12:01 a.m. on the earlier of:
00/03/2016	
JUL-Wh.	
Signature of a member or authorized representative of a m	nember
PAFAEL ROJAC	

Page 3 of 3

Filing Fee: \$25.00