

L16000046697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

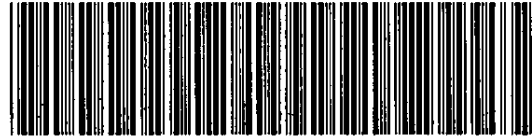
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLORADO OIL SUPPLY, 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:

Marlene Sanchez

Name of Person

MMS Corporate Services

Firm/Company

1451 W. Cypress Creek Road, Suite 300

Address

Fort Lauderdale FL 33309

City/State and Zip Code

OGSASUPPLIERS@GMAIL.COM

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

For further information concerning this matter, please call:

Marlene Sanchez

786 2352504
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**

COLORADO OIL SUPPLY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/07/2016 and assigned Florida document number L16000046697.

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)

601 BRICKELL KEY DRIVE

SUITE 700

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 BRICKELL KEY DRIVE

SUITE 700

MIAMI, FLORIDA 33131

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:

MMS Corporate Services

New Registered Office Address:

1451 W. Cypress Creek Road, Suite 300

Enter Florida street address

Fort Lauderdale

, Florida 33309

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>
AP	MMS CORPORATESERVICES	841 SW 7TH STREET	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FIORAVANTE MASINI	601 BRICKELL KEY DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 700	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated APRIL, 11 2016

Signature of a member or authorized representative of a member

Marlene Sanchez

Typed or printed name of signee