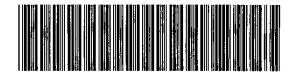
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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE
TALL ANASSET: FLORING

D. SCOTT OCT 2 0 2016

COVER LETTER

TO: Registration So Division of Cor				
	O FUEL, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub			
riease teturi an corresp	TIM A. HAMED	to the following.		
		Name of Person		
	TIM A. HAMED, CPA, P	.A.		
		Firm/Company		
	15310 AMBERLY DRIV	E, SUITE 250	SECI	5
		Address	—————————————————————————————————————	를 급 -
	TAMPA, FL 33647			CT 20
	timhamed@yahoo.com	City/State and Zip Code	FLOR	
	E-mail address: (to be used for future annual report notif	ication)	0
For further information	concerning this matter, please c	all:		
TIM A HAMED		813 514-2905 at ()		
Name	of Person		Telephone Number	
Enclosed is a check for t	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 Sta Certified Copy (additional copy is ea	atus &
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANFORD FUEL, LLC			
(Name of the Limi	ited Liability Com (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)
he Articles of Organization for this Limited L			and assigned
orida document number L16000114363	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited li	ability company here:	
J/A			
he new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "l	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
<u> Principal office address MUST BE A STREI</u>	ET ADDRESS)		
Inter new mailing address, if applicable:			FIL SECRETARY SECRETARY SECRETARY SECRETARY SECRETARY
<u>Mailing address MAY BE A POST OFFICE</u>	<u>: BOX)</u>		
			ORN F.
 If amending the registered agent and egistered agent and/or the new registered or 			ords, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ad	dress
			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>	Type of Action
AMBR	QUICK FUEL, LLC	14753 WATERCHASE BLVD	
		TAMPA, FL 33626	☐ Remove
			Change
MGR	ASHOK RAVAL	18044 JAVA ISLE DR	Add
		TAMPA, FL 33647	Remove
			Change
MGR	ANWAR KHOJA	14753 WATERCHASE BLVD	□ Add
		TAMPA, FL 33626	Remove
			□ Change
			Remove
		- And Add to the Control of the Cont	Change
			Add
			Remove SECRETARY COAdd
			Remove Change

N/A	• •				
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fective date, if other than an effective date is listed, the date	must be specific and	cannot be prior to	o date of filing or m	opti ore than 90 days after	r filing.) Pursuant to 605.020
ote: If the date inserted in the ocument's effective date on the	is block does not m to Department of S	reet the applical tate's records	ole statutory filin	g requirements, this	s date will not be listed as
record specifies a dela	yed effective d	ate, but not	an effective t	ime, at 12:01 a	a.m. 📆 🏟 e 👪 rlier o
The 90th day after the	record is filed.				the second
OCT 14		2016			
oct 14	,				FILED OCT 20 AN 4: 10 RETARY OF STATE LAHASSEE, FLORIDA
Tim offerm.					声の 蚤 ロ
					O

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00