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AUG 1 2 2016 S. YOUNG

COVER LETTER

то:		ation Sect i of Corpo		•	,	
		FROTEK,	LLC			
SUBJE	ст:	<u>. </u>	Name of Limit	ed Liability Company	,	
The end	closed Art	icles of Aı	nendment and fee(s) are subn	nitted for filing.		
Please r	return all o	correspond	lence concerning this matter to	o the following:		
			ROSARIO URBIETA			
				Name of Person	ĭ	<u></u>
			PETROTEK LLC			
				Firm/Company		
			9701 NW 89TH AVE			
				Address		·
			MEDLEY, FL 33178		·	
			JURBIETA'@PETROTEK.U		Committee and the committee of the commi	
F £			E-mail address: (to	· · · · ·		
			cerning this matter, please ca			1.246.444.4
ROSA	RIO URB	IEIA		305 at (883-2692)	
		Name of I	Person	Area Code	Daytime Te	elephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Enclose	ed is a che	ck for the	following amount:			
☐ \$25	5.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	у	Certificate of Status & Certified Copy
to :	:	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee; FL 32314	Regi <u>- 1990</u> Divi Clift 2661	EET/COURIER istration Section sion of Corporation on Building Executive Cente	r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETROTEK, LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
ne Articles of Organization for this Limited I orida document number	Liability Company were filed on	/29/2016 and assigned
is amendment is submitted to amend the fol	lowing:	
. If amending name, <u>enter the new name</u>	of the limited liability company h	ere:
ne new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "LLC."
· ·	, , ,	See S. die days Chaire.
nter new principal offices address, if appli		
rincipal office address MUST BE A STRE	ET ADDRESS)	
		•
nter new mailing address, if applicable:		
<u>lailing address MAY BE A POST OFFICE</u>	<u></u>	
	,	
16 3' 4b	1/	and an analysis of the name of the
If amending the registered agent and gistered agent and/or the new registered of		our records, enter the name of the i
	:	
Name of New Registered Agent:	ROSARIO URBIETA	
New Registered Office Address:	9701 NW 89TH AVE	
New Registered Office Address.	Enter Flo	rida street address
	MEDLEY	Florida
	Cip	

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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MMBR	JOSE G UMBIETA	11441 LAKESIDE DRIVE	☐ Add
		APT 2102	■ Pamova
		DORAL, FL 33178	
AMBR	JOSE G URBIETA	9701 NW 89TH AVE	
		MEDLEY, FL 33178	
			Character (Character)
MMBR	ROSARIO URBIETA	9701 NW 89TH AVE	■ Add
		MEDLEY, FL 33178	□ Remove
			☐ Change
		- m, , 	□ Remove
			☐ Change
			Add
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ective date, if other than	the date of filing:		6	ontional)	
n effective date is listed, the date	must be specific and cannot	be prior to date of filir	g or more than 90 days	after filing.) Pursuant to 60	05.020
te: If the date inserted in thi cument's effective date on th	e Department of State's:	records.	y ming requirements	, tins date will not be in	sicu a
record specifies a dela The 90th day after the		but not an effec	tive time, at 12:	01 a.m. on the ear	lier o
JULY 30	201	6			
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		r or authorized represe			

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Typed or printed name of signee

Filing Fee: \$25.00