

**LN000124207**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

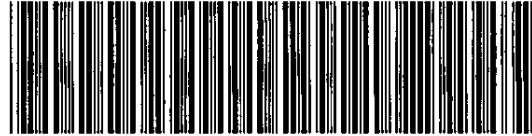
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 12 PM 2:22  
CLERK OF COURT  
ALABAMA

SEP 14 2016

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FUEL ORLANDO, 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:

DIEGO SAMPAIO

\_\_\_\_\_  
Name of Person

COMPANY COMBO

\_\_\_\_\_  
Firm/Company

8751 COMMODITY CIRCLE STE 5

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

INFO@COMPANYCOMBO.COM

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

For further information concerning this matter, please call:

DIEGO SAMPAIO

888 228-6454

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
AMBR	FUEL BRAZIL, LLC	8751 COMMODITY CIRCLE	<input checked="" type="checkbox"/> Add
		STE 5 OFFICE 170	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	FUEL USA, LLC	6536 LAKE BURDEN VIEW DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FLAVIO P DA COSTA BARROS	RUA BARRAO DO FLAMENG0	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ	<input checked="" type="checkbox"/> Remove
		22220-900 BR	<input type="checkbox"/> Change
AMBR	DANIEL DE O RADWAN	AV AMERICAS 18000 SL 203	<input checked="" type="checkbox"/> Add
		RIO DE JANEIRO, RJ	<input checked="" type="checkbox"/> Remove
		22790-704 BR	<input type="checkbox"/> Change
AMBR	MIGUEL A ZABOTINSKY	AV AMERICAS 18000 SL 203	<input type="checkbox"/> Add
		RIO DE JANEIRO, RJ	<input checked="" type="checkbox"/> Remove
		22790-704 BR	<input type="checkbox"/> Change
	MIGUEL A ZABOTINSKY		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE UPDATE EIN 81-3150527

16 SEP 12 PM 2:28

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 25TH AUGUST, 2016.

Signature of a member or authorized representative of a member

DIEGO L. P. SAMPAIO  
Typed or printed name of signee

Typed or printed name of signee