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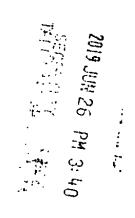
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COVER LETTER

Div	ision of Cor	rporations		
SUBJECT:	Ranisu Pet	ro, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Dodi Thompson		
			Name of Person	
		Ranisu Petro, LLC		
			Firm/Company	
		380 Commerce Parkway		
			Address	-
		Rockledge, FL 32955		
		dodi@karspetro.com	City/State and Zip Code	<u> </u>
		E-mail address: (to be used for future annual report not	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
Dodi Thomp	son		321 690-0807	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$25.00 F	iling 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

TO:

Registration Section

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

Ranisu Petro, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on	and assigned
Florida document number L16000145982	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		,
	<u> </u>	(y)
		<i>i o</i>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kaushal Shah	380 Commerce Parkway, Rockledge, FL 32955	■ Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Chapter 5
			Chapter
			ِ
			Remov
			Change
			□ Remove
		<u> </u>	□ Change
		 	□ Add
			Remove
			□ Change

	<u> </u>
	January 1, 2019
(If an e Note:	tive date, if other than the date of filing: (optional) (determine 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 18 2019.
	Signature of Lindinger of authorized representative of a member
	NV / /

Page 3 of 3

Filing Fee: \$25.00