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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: <u>GATO</u>	R PROPANE Name of Limi	Solutions "LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	RICHARD	REDDING Name of Person	
		ROPANE SOLUT	
		Blvd NE Address	
	PAIM B	Ciry/State and Zip Code OANE SOLVING OF Solve Solve Used for future annual report notific	905
	Sator or or of E-mail address: (t	DANE SOLVING OF OBe used for future annual report notific	MOIL. COM ation)
For further information cond	cerning this matter, please ca	III:	
RICHARA Name of Po	REDDING erson	at (<u>321</u>) <u>931 – 6</u> Area Code Daytime	307 Telephone Number
Enclosed is a check for the f	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 Notivision of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9-29-16 and assigned florida document number 81-3980696. 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 LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:	GATUR PR	UPANE SOLU	LTIONS"LLC"
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 "LLC". Enter new principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:	(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on lorida Eimited Liability Company)	our records.)
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Name of New Registered Agent: New Registered Office Address:	Mailing address MAY BE A POST OFFICE BOX	0	
New Registered Office Address:			r records, enter the name of the new
	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:	Enter Florida e	troot whitness
		imer runida si	
City Sip Code	_	City	

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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
mbR	DIANA ShEPHERD	3114 BAS Blud NE	Add
		PALM BAY, 71, 32905	Remove
			Change
M6R	LARRY ShouppE	3114 BAS Blvd NE	[SP <u>/Xdd</u>
		PALM BAY, 71 32905	☐ Remove
			Change
AMBR	by ShouppE	3114 BAS Blvd NE	□ Add
	·	PA(m BAy, 71 3290	☐ Remove
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Filing Fee: \$25.00