

L17000040654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

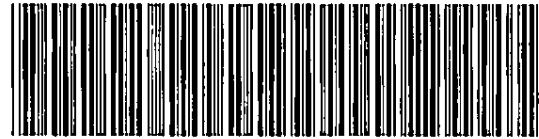
(Business Entity Name)

(Document Number)

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2020 DEC 10 PM 6:04
FBI
TALLAHASSEE, FL

D. BRUCE

DEC 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

J. DAVID RAMGE
301 HARBOUR PLACE DR, STE 800
TAMPA, FL 33602

SUBJECT: VETERANS FUEL MANAGEMENT, LLC
Ref. Number: L17000040654

We have received your document for VETERANS FUEL MANAGEMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 420A00017942

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TELETYPE UNIT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VETERANS FUEL MANAGEMENT
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:

J. DAVID RAMGE
Name of Person

VETERANS FUEL MANAGEMENT
Firm/Company

301 HARBOUR PLACE DR # STE 1404
Address
~~OLD ADDRESS~~ ~~1111~~ ~~1111~~ ~~1111~~ ~~1111~~ ~~1111~~

TAMPA FL 33603
City/State and Zip Code

CYLIS@VETERANS FUELING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. DAVID (CYLIS) RAMGE at (727) 776-2199
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VETERANS FUEL MANAGEMENT

(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 2/21/17 and assigned Florida document number L 17000040654.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1313 W HUMPHREY ST

TAMPA FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1313 W HUMPHREY ST

TAMPA FL 33604

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:

Enter Florida street address

City

Florida

Zip Code

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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>	<u>Type of Action</u>
AMBR	CHAFIK M ALKINANI	108 W 26TH AVE	<input type="checkbox"/> Add
		TAMPA FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Change
Add
Remove

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

JUST THE REMOVAL OF CHAFIL ALKINANI

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E. Effective date, if other than the date of filing: 11/16/20 (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

11/16/20

Signature of a member or authorized representative of a member

J. DAVID RAMEZ

Typed or printed name of signer