117000096850

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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J. HARRIS

COVER LETTER

| TO: Registration So Division of Cor | | | |
|--|---|---|---|
| SUBJECT: | Supreme Fu Name of Lim | 1c/ LLC nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Elijai | h Gebok Name of Person | |
| | | Firm Company | |
| | | SEt dr Apr P. Address | |
| | lander-dale | Lakes F1 333/ | |
| | info & Supreme E-mail address: (| fuelfl- Com to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please co | all: | |
| FLISAH Name o | GEBOR Person | at (954) 666 — Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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 Tallahussee, 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**

Dupreme FUEL LLC

| (<u>Name of the Dimited Liability Cor</u> (A Florida Limit | npany as it now appears on our records.) ted Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Comparts (17000016850). | any were filed on may 2, 2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited l</u> | <u>iability company here</u> : |
| The new name must be distinguishable and contain the words "Limited Li | to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." address, if applicable: ST BE A STREET ADDRESS) if applicable: POST OFFICE BOX) FOR LAUGET AG I E FL 23310 cred agent and/or registered office address on our records, enter the name of the new new registered office address here: tered Agent: Eligh Gebor |
| Enter new principal offices address, if applicable: | |
| (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 registered agent and/or the new registered office address l | |
| Name of New Registered Agent: ELJa | 4 Gebor |
| New Registered Office Address: 2780 | Somerset dr Apt P400 Emer Florida sweet address |
| Laude | rlale Lates Florida 332/1 Zip Code |
| New Registered Agent's Signature, if changing Registered Age | |

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 or removed f | Authorized Person(s) authorized to ma from our records: | mage, enter the title, name, and address of each | n person being added |
|---------------------------|--|--|--------------------------------|
| $MGR = M_{2}$ $AMBR = At$ | anager ithorized Member | | |
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | MAXINE M. GORDON | 20343 NW 36Th AVE | Add |
| | | MIAMI GARDENS, FL, 33056 | □ Remove |
| | | | Change |
| MERM | ELIJAH GEBOR | 2780 Somerset drapt | |
| | | Lauderdale Lakes F233 | P/_□ Remove |
| | | | ⊡ Change |
| MBR | RICHARD D SWABY | 1899 SW NEWPORT ISLES | <u>SL∨D</u> □ Add |
| | | PORT ST. LUCIE, FL, 34953 | Remove |
| | | | G Change |
| | | | □ Add |
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| fective date | s, if other than the date o | f filing: | (4 | optional) |
| ote: If the da | te is listed, the date must be spec ate inserted in this block doe vective date on the Departme | s not meet the applicable stati | filing or more than 90 days atory filing requirements | after filing.) Pursuant to 605.020 a, this date will not be listed as |
| The 90th d | lay after the record is | | fective time, at 12:0 | 01 a.m. on the earlier o |
| 1 A) (2 | /18/2017 | | | |
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Filing Fee: \$25.00