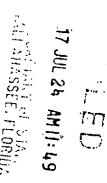
L17000137333

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

Office Use Only



07/24/17--01020--013 *+25.00



JUL 2 7 2017 Y STUKER

ा COVER LETTER

Division of Corporations NEMA OILS & MORE LLC SUBJECT: 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: CHRISTOPHER HARDY Name of Person Firm/Company 5317 PINETREE DR Address DELRAY BEACH FL 33484 City/State and Zip Code CHARDY65@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTOPHER HARDY Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEMA OILS & MORE LLC | | | , |
|---|---|----------------------------|---------------------------|
| (<u>Name of the Limited Lial</u> (A Flor | oility Company as it now apperida Limited Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on _ | 06/23/2017 | and assigned |
| Florida document number | · | | - |
| This amendment is submitted to amend the following: | : | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company | <u>here</u> : | |
| he new name must be distinguishable and contain the words "l. | imited 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 ADI | DRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | <u>.</u> | 7 |
| | | | JUE JULY |
| | | | SSE |
| 3. If amending the registered agent and/or reg | _ | on our records, <u>e</u> i | nter the name of the |
| <u>egistered agent and/or the new registered office ac</u> | ddress here: | | Po E IT |
| | | | |
| Name of New Registered Agent: | | | 9 |
| New Registered Office Address: | | | |
| | Enter Fl | lorida street address | |
| | | , Florid | a |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---------------------------|----------------|
| AMBR | ELICIA HARDY | 8024 W MCNAB RD | |
| | | NORTH LAUDERDALE, FL 3306 | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add Remove, |
| | | | Change I |
| | | | □ Remove |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| - | | | |
| | | | □ Remove |
| | | | Change |

| <u> </u> | | | | | | | | | | |
|-----------------------------------|---------------------|-----------------|---------------|----------------|------------------|----------------|-------------------------------|----------------------|-------------|-----------------|
| | | | | | | | | | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | _ - | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | | - | | · | | |
| <u> </u> | | | | | | _ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | - | | |
| | | | | | | | <u> </u> | | | |
| | | | | | | | | | | |
| | | | | | | | | - <u>1</u> | === | |
| | | | | | | | | 727 | <u>ن</u> | • |
| | | | | | | | | 16.13 16.13 | , co | |
| | | | | | | | | <u>ن کری</u> اینا | | : : : |
| | | | | | | | | | = | ا ز شم |
| | | | | | · · · · · · | | <u> </u> | (D) | 54: III W | ٤ |
| | | | | | | | | | <u>_</u> | |
| | | | | | | | | 7 | | |
| ffortive dete | if other the | n the date of | filing: 0 | 7/15/2017 | | | (ontions | .1) | | |
| Effective date fan effective date | e is listed, the da | te must be spec | itic and cann | ot be prior to | date of filing o | r more than 9 | (Optiona) days after fili | ng.) Pursuar | nt to 605 | .0207 |
| Note: If the da | ite inserted in t | his block doe: | s not meet t | he applicabl | e statutory fi | ling require | nents, this da | te will not | be liste | ed as |
| document's eff | ective date on | the Departme | nt of State's | s records. | | | | | | |
| | | | | | | | | | | |
| ne record sp | | | | but not a | n effectiv | e time, at | 12:01 a.m | n. on the | earlie | er of |
| The 90th d | ay after the | record is | filed. | | | | | | | |
| | | | | | | | | | | |
| Dated | | _ | | | | | | | | |
| | | > | | | | | | | | |
| | / | . / | | | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00