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	(Cí	ty/State/Zip.	/Phone #)		_
	PICK-UP	☐ WA	AT.	MAIL	
	(Bu	usiness Enti	ity Name)		
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Certified Cop	oies	_ Certi	ificates of	Status	
Special Ins	tructions to	Filing Offic	er:		
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COVER LETTER

Division of Cor			
SUBJECT:	TESORO	ONE LI	_C
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DOF	N DONETO	
1		Name of Person	
1		Firm/Company	
1	14255	U.S HWY1	-, SUITE 29t
	TUNO B	EACH FL	33408
	E-mail address: (City/State and Zip Code CEQ CO to be used for future annual report notifi	ahoo. Com
For further information ec	oncerning this matter, please ca	all:	
DOLY D	ONELON	at (S61) 352	- 1285 Telephone Number
Enclosed is a check for the		, , , , , , , , , , , , , , , , , , , ,	<i>£</i>
\$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
7	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
(
MAILE	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IESORO DNE LLC
(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 07/07/2017: and assigned Florida document number 17000145995
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: REMAIN THE SAME NAME:
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: KEMAIN THE SAME
(Principal office address MUST BE A STREET ADDRESS) 14255 U.S.Hwy 1, Suite 297
JUNO BEACH, FL 33408
Enter new mailing address, if applicable: 14255 U,S Hwy 1, Suite 29 (Mailing address MAY BE A POST OFFICE BOX) TUND BEACH, FL. 33408
VOLO SCACT PL 1540
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: DOLY DONELON
New Registered Office Address: 14255 US HWY 1 Suite 290
JUNOBEACH, Florida 33408 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 amendin	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and	d address of each person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			Add	
<u> </u>			Remove	
			Change	
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f amending any other information, enter change(s) here: (Attach additi	ona sneets, y necessary.)
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mute: If the date inserted in this block does not meet the applicable statutory filing becament's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ned JULY 31 2017	
Signature of a member or authorized representative	of a member
DOLY DONE	100

Page 3 of 3

Filing Fee: \$25.00