L17000147472

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D SCOTT"
JUL 2 4 2017

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: <u>GEN</u>	CO PURA OLI Name of Limi	VE OIL COMPANY ted Liability Company	, LLC		
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspor	ndence concerning this matter t	to the following:			
	SCHUYLE	Rame of Person			
	XTREME	Firm/Company	<u>e</u>		
	6015 Mc	Address #	218		
	JAX_	FL 32217 City/State and Zip Code			
	Selljot E-mail address: (1	to be used for future annual report notification	MIS:OF	9	
For further information co	oncerning this matter, please ca	all:			
SCHUYLE Name of	R RELLIOTT Person	at (BUY) 234 Area Code Daytime T	S/67 Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status & Copy Copy is enclosed)	
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	ions	JUL 19 RH & O	FILEU
Tallaha	issee, FL 32314	2661 Executive Cent Tallahassee, FL 3230		;- =	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENCU PUR	A DLIVE DIL	Campany UC now appears on our records.) Company)	
(Name of the Limi	(A Florida Limited Liability	Company)	
The Articles of Organization for this Limited L Florida document number <u>L/7060</u>	iability Company were fi	led on 7-10-20	17_ and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			- [
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		-: -:
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office aconfice address here:	ddress on our records, enter	the name of the new
Name of New Registered Agent:	KATYLEE	N D ARNOLD	
New Registered Office Address:	1002	23 CD ST NU . Enter Florida street address	<u>-</u>
	JACICSONVILLE CI	R3CD ST NV. Enter Florida street address EBEACH, Florida ty	32250 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

If Changing Registered Agent, Signature of New 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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MCR	SCHUYLER ELLIGHT	1015 MORRONSTE *2,	Add □ Add
	·	JAX 172 32217	Remove
			Change
MCR	XTREME PRODUCTS LL	E 6015 MORROW ST E #218	Add Add
		JAX FL 32217	Remove
			Change
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ote: If the date insert becoment's effective di e record specifies The 90th day aft	ate on the Department of a delayed effective er the record is file	e date, but not an ed. 2017	effective time, at 1	2:01 a.m. on the e	, iisicu e

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Filing Fee: \$25.00