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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone ; (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EARTH SAFE FUEL DISTRIBUTORS LLC

| Certificate of Status | ()      |
|-----------------------|---------|
| Certified Copy        | 0       |
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D. SCOTT

JUL 2 4 2017

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EARTH SAFE FUEL   | DISTRIBUTORS LLC   |  |
|---|--|--|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L   | ny as it now appears on our records.) liability Company) | ·  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L17000149666</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi |  | and assigned   |
| The new name must be distinguishable and contain the words "Limited Liabilities".   | ity Company," the designation "L.f.C" or the             | abbreviation "FT, C."  |
| Enter new principal offices address, if applicable:   | 2780 East Fowler Street                                  | and the contract of the contra |
| (Principal office address MUST BE A STREET ADDRESS)   | Tampa, FL 33612  | .,   |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | ·  |
|   | 3.   |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:  | fice address on our records, enter:                      | er the name of the new   |
|   | Florida  | Ziv Code   |
|   | V 141  | *****  |

## 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 ducument 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>                  | Type of Action    |
|--------------|----------------|---------------------------------|-------------------|
| AMBR         | STEVE HOWEDOUG | 3030 N. ROCKY POINT DR.STE 1504 | <u>A</u> _□ Add   |
|              |                | TAMPA, FL 33607                 | ⊠ Remove          |
|              |                |                                 | Change            |
| AMBR.        | STEVE HOWE     | 3030 N. ROCKY POINT DR.STE 150. | A 🛛 Add           |
|              |                | TAMPA, FL 33607                 | 🗆 Remove          |
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| DOUGLAS FREEMAN  |   | DOUGLAS  | FREEMAN  |   | . •                                      |

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