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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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nec 2 n ann J. HARRIS

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------------|------------------------------------|---|---|--|
| SUBJEC | SNCO GAS | S, LLC | | |
| SUBJE | -1: | Name of Lin | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspon | ndence concerning this matter | to the following: | |
| | | RACHEL L. TOLLEY | | |
| | | | Name of Person | |
| | | LAW OFFICES OF RAC | HEL L. TOLLEY, P.A. | |
| | | | Firm/Company | |
| 2600 S. DOUGLAS RD | | 2600 S. DOUGLAS RD., | SUITE 1008 | |
| | | | Address | |
| | | CORAL GABLES, FL 33 | 134 | |
| | | | City/State and Zip Code | |
| | | RACHEL@TOLLEYLAW | | |
| | | E-mail address: (| to be used for future annual report ne | otification) |
| For furth | er information co | oncerning this matter, please o | ali: | |
| RACHE | L L. TOLLEY | | 305 444-6116 at () | |
| | Name of | Person | Area Code Dayt | ime Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| ■ \$25. 0 | 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) |
| | MAILI | NG ADDRESS: | STREET/COU | RIER 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

| SNCO GAS, LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability (A Florida I | Company as it now appears on ou Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Co | | |
| This amendment is submitted to amend the following: | - · | |
| _ | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u></u> | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | (C) = |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| D If | d -05dd | f2 |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | ecords, enter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stret | es address |
| | | , Florida |
| | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|---------------|---------------------------------------|-------------------------|
| MGRM | EMSIM FLLLP | 650 OCEAN DR., 3C | Add |
| | | KEY BISCAYNE, FL 33149 | ■ Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| MGRM | EDUARDO FRECH | 650 OCEAN DR., 3C | |
| | | KEY BISCAYNE, FL 33149 | □ Remove |
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| | | | □ Change |

| Iffective 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 more than 90 days after filing.) Pursuant to 605.02 after. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed exament's effective date on the Department of State's records. The effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and the record is filed. The signature of a member of authorized representative of a member of a member of signature of a member of signature of a member of signature of signature of a member of signature o | | | |
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| | | Page 3 of 3 | F-5 |

Filing Fee: \$25.00