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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RIVERSIDE PETROLEUM LLC
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:
JAWE A. IACOPUCCI
Name of Person 1
P. D. Sox 1132
Address
P. D. Δ_{OX} 1132 Address TUPITUR FL 33468-1132 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56) 889-2312 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$ Florida document number $\frac{1}{2}$ Florida document number $\frac{1}{2}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1.
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	, OS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Flor	ida street oddress
	, Florida Zip Code
City	zip Conc

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 = A	uthorized Member		
Title	Name	Address	Type of Action
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-
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(If an ef) Note:	ive date, if other than the date of filing: 11-01-2018 (optional) fective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	05,0207 (3 sted as th
) The	cord specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earle 90th day after the record is filed.	ier of:
Dated	M R John. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	MOHAMMED REZAUL ISLAM Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00