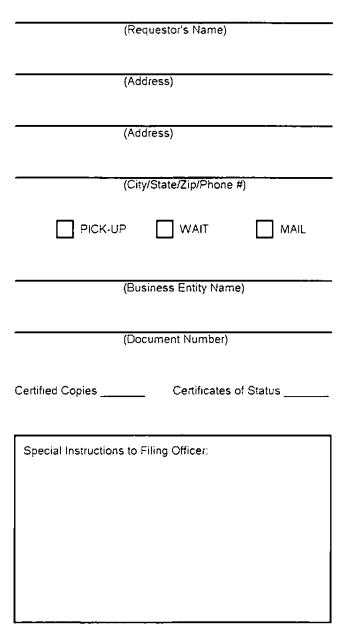
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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

| то:            | Registration So<br>Division of Cor |  | ,   | •                                      |  |  |  |
|----------------|------------------------------------|--|---|--|--|--|--|
| en ne          |                                    | NAME_CORP DEERFIELD I                        | PETRO HOLDING LLC   |  |  |  |  |
| SUBJEC         | CI:                                | Name of Lin                                  | nited Liability Company   | <del></del>                            |  |  |  |
| The encl       | losed Articles of                  | Amendment and fee(s) are sub-                | And the content and fee(s) are submitted for filing.  Ince concerning this matter to the following:  IOSE VALVERDE  Name of Person  DEERFIELD PETRO HOLDING LLC  Firm/Company  2800 Glades Cir Suite 127  Address  WESTON, FL 33327  City/State and Zip Code  onillathomas@hotmail.com  E-mail address: (to be used for future annual report notification)  erring this matter, please call:  at (1)  Area Code  Daytime Telephone Number |  |  |  |  |
| Please re      | eturn all correspo                 | ondence concerning this matter               | to the following:   |  |  |  |  |
|                |                                    | JÖSE VALVERDE                                |   |  |  |  |  |
|                |                                    |  | Name of Person  |  |  |  |  |
|                |                                    | DEERFIELD PETRO HO                           | LDING LLC   |  |  |  |  |
|                |                                    |  | Firm/Company  |  |  |  |  |
|                |                                    |  |   |  |  |  |  |
|                |                                    |  | Address   | <del></del>                            |  |  |  |
|                |                                    | WESTON, FL 33327                             |   |  |  |  |  |
|                |                                    | <del></del>                                  | City/State and Zip Code   |  |  |  |  |
|                |                                    | •  |   |  |  |  |  |
|                |                                    |  |   | ufication)                             |  |  |  |
| For furth      | ner information c                  | oncerning this matter, please c              | all:  |  |  |  |  |
| JOSE V.        | ALVERDE                            |  |   |  |  |  |  |
|                | Name o                             | f Person                                     | Area Code Daytir  | ne Telephone Number                    |  |  |  |
| Enclosed       | l is a check for t                 | he following amount:                         |   |  |  |  |  |
| <b>≡</b> \$25. | .00 Filing Fee                     | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy  | Certificate of Status & Certified Copy |  |  |  |
|                | Mailing Address Registration S     |  | <u>Street Address:</u><br>Registration Sc   | ection                                 |  |  |  |
|                | Division of C                      |  | Division of Co  |  |  |  |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DEERFIELD PETRO HOLDING ELC  |  |   |
|--|--|---|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | npany as it now appears on our recorded Liability Company) | rds.)                                   |
| The Articles of Organization for this Limited Liability Compa<br>lorida document number L17000253240   | any were filed on 12/11/2017                               | and assigned                            |
| his amendment is submitted to amend the following:   |  |   |
| . If amending name, enter the new name of the limited l  | iability company here:                                     |   |
| ONSTELLATION ARTHUR LLC  |  |   |
| ne new name must be distinguishable and contain the words "Limited Li  | iability Company," the designation "LL                     | .C" or the abbreviation "L.IC."         |
| nter new principal offices address, if applicable:   | N/A  | 2021                                    |
| Principal office address MUST BE A STREET ADDRESS,   | <u> </u>   | <u> </u>                                |
|  |  |   |
| nter new mailing address, if applicable:   | N/A  | - EK                                    |
| Famending name, enter the new name of the limited liase STELLATION ARTHUR LLC ow name must be distinguishable and contain the words "Limited Liaber new principal offices address, if applicable: eipal office address MUST BE A STREET ADDRESS) or new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) |  | . ယ္က<br>—————————————————————————————— |
|  |  |   |
| . If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  |  |   |
|  | Enter Florida street addr                                  | 255                                     |
|  |  | Horida                                  |
|  | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR =  | Manager                  |
|--------|--------------------------|
| AMBR = | <b>Authorized Member</b> |

| <u>Title</u> | Name     | Address      | Type of Action      |
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|  | 03/25/2024                      |  |   |                       |
| ffective date, if other than the da<br>an effective date is listed, the date must be<br>lote: If the date inserted in this block<br>ocument's effective date on the Depa | does not meet the applicable    | late of filing or more than<br>e-statutory filing requir | (optional)<br>90 days after filing.) Pursuant to<br>ements, this date will not be | 605.0207<br>listed as |
| record specifies a delayed effective d   | ite, but not an effective time  | , at 12:01 a.m. on the c                                 | arlier of: (b) The 90th day (   | after the             |
|  |                                 |  |   |                       |
| Lis tīled.   | 2024                            |  |   |                       |
| I is filed.  Pated March 25  | nature of a member or authorize |  |   |                       |

Filing Fee: \$25.00