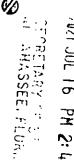
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (rissings)                              |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Sasmess Entry Name)                    |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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07/21/21--01001--008 \*\*25.00



ANT I S. SOSI ! ALBRITTON

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| SUCCESS FUEI                        | L LLC        |              |             |                                |
|-------------------------------------|--------------|--------------|-------------|--------------------------------|
|                                     |              |              |             |                                |
| <del></del>                         |              |              |             |                                |
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|                                     |              |              |             |                                |
|                                     |              |              |             | Art of Inc. File               |
|                                     |              |              | <del></del> | LTD Partnership File           |
|                                     |              | į            | <del></del> | Foreign Corp. File             |
|                                     |              |              | <del></del> | L.C. File                      |
|                                     |              |              | <del></del> | Fictitious Name File           |
|                                     |              |              |             | Trade/Service Mark             |
| •                                   |              |              |             | Merger File                    |
|                                     |              |              | <del></del> | Art, of Amend, File            |
|                                     |              | ĺ            |             | RA Resignation                 |
|                                     |              |              | <del></del> | Dissolution / Withdrawal       |
|                                     |              |              |             | <del></del>                    |
|                                     |              |              | <del></del> | Annual Report / Reinstatement  |
|                                     |              |              | <del></del> | Cert. Copy                     |
|                                     |              |              | <del></del> | Photo Copy                     |
|                                     |              |              | <del></del> | Certificate of Good Standing   |
|                                     |              | !            | <del></del> | Certificate of Status          |
|                                     |              |              | ·           | Certificate of Fictitious Name |
|                                     |              |              |             | Corp Record Search             |
|                                     |              |              |             | Officer Search                 |
|                                     |              |              |             | Fictitious Search              |
| Signature                           |              |              |             | <del> </del>                   |
|                                     |              | <b>- -</b> - |             | Vehicle Search                 |
| Requested by:                       |              |              |             | Driving Record                 |
| Requested by: SETH                  | ·            |              | <del></del> | UCC 1 or 3 File                |
| Name                                | Date         | Time         |             | UCC 11 Search                  |
| Walk-In                             | Will Pick Up |              |             | UCC 11 Retrieval               |
| 174 Panger's Printing - Thom levels | =            | <del></del>  |             | Courier                        |

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Co                  | -  |  |   |
|---------------------------------|--|--|---|
| SUBJECT:                        | SUCCESS FO                                   | TEL L.L.C  |   |
|                                 | Name of Lim                                  | ited Liability Company   |   |
|                                 |  |  |   |
| The enclosed Articles of        | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspond    | ondence concerning this matter               | to the following:  |   |
|                                 |  |  |   |
|                                 | TA   | Name of Person   |   |
|                                 |  | Name of Person   | <u></u>   |
|                                 | Suca   | FIS FUEL L.C.  | /   |
|                                 |  | Firm/Company   |   |
|                                 | 201-   | 11 Very on   | . <b>.</b> .  |
|                                 |  | Address  | 9 SCO   |
|                                 |  | 1.   |   |
|                                 |  | Entry/State and Zip Code  To I muk 904 E  to be used for future annual report noti | 609   |
|                                 | Vita   | Eity/State and Zip Code  | ~ ./  |
|                                 | E-mail address: (t                           | o be used for future annual report noti  | ncation)  |
| For further information c       | oncerning this matter, please ca             |  |   |
|                                 | -  |  |   |
| Name o                          | MIMUR KIM                                    | at (346) 313-<br>Area Code Daytim  | 6195  |
| Hanre o                         | i reison                                     | Area Code Daytim   | e Telephone Number  |
|                                 |  |  |   |
| Enclosed is a check for th      | •  |  |   |
| □ \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                | <ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul> |
|                                 |  |  |   |
| Mailing Addres                  |  | Street Address:  |   |
| Registration S<br>Division of C |  | Registration Sec<br>Division of Cor  |   |
| P.O. Box 632                    | -  | The Centre of T  | -   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUCCESS A  | VEL L.LC  |  |
|--|---|--|
| ( <u>Name of the Limited Linbility Com</u><br>(A Florida Limite  | pany as it now appears or<br>d Liability Company) | our records.)                                    |
| The Articles of Organization for this Limited Liability Compar   |   | 01/11/2018 and assigned                          |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited lis   | ability company here:                             |  |
| The new name must be distinguishable and contain the words "Limited Lia  | ability Company," the desig                       | nation "LLC" or the abbreviation "L.L.C."        |
| Enter new principal offices address, if applicable:  | <del></del>                                       | 207  |
| Principal office address MUST BE A STREET ADDRESS)   |   | <u> </u>   |
|  |   | o T  |
| Enter new mailing address, if applicable:  |   | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>   |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our reco                             | rds, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:  |   | · · · · · · · · · · · · · · · · · · ·            |
| New Registered Office Address:   | Enter Florida                                     | street 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         | Address                             | Type of Action |
|--------------|--------------|-------------------------------------|----------------|
| MER          | HAIDER, MIAN | _ 2812 W. Kornery B                 | 2UD Add        |
|              |              | 7812 W. Kornery 8<br>TAMPA FL 33609 | Remove         |
|              |              |                                     | Change         |
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|                                | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)                              |
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| Note: If the                   | ate, if other than the date of filing:  |
| he record spe<br>ord is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                          | 1/14/2021   |
|                                | Signature of a member or authorized representative of a member  |
| _                              | Signature of a member or authorized representative of a member  Aimur K. Han  |
|                                |   |

Filing Fee: \$25.00