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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	AMS Petrolei	im LLC	
SUBJECT:	Name of Lim	lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mina	Begam Vame of Person	
	AMS F	Petroleum LLC Firm/Company	
	303 E.	25th Street Address	
	Sant	ord FL - 32771 City/State and Zip Code	
	ams petr E-mail address: (c @ Yahoo, Com to be used for future annual report r	notification)
For further information co	oncerning this matter, please c	all;	
Mina Name of	Began Persola	at (407) 21 Area Code Day	8 - 3071 time Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	ection orporations	Street Address: Registration Division of C The Centre o	Section Corporations
Tallahassee, F			roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

it now appears on our records.) ity Company)
e filed on January 11, 2018 and assigned
company here:
ompany," the designation "LLC" or the abbreviation "L.L.C."
2020
97 72 72
ess on our records, <u>enter the name of the new registere</u>
Enter Florida street address
, Florida
City Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	Ahmed Vaid	4177 Spit-fire Ave	□Add
		Kissimmee FL-34741	XRemove
			Change
			□Add
			Remove
			□ Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
			Change

amending any oth	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
Of +h	ne three partners, Mr. Ahmed Vaid has
resign	red from his position as co-owner of
	usiness.
	he new arrangement of ownership is follow
(1) Min	kat Islam 50% owner
(a) Saf	rkat Islam 50% owner
, =1, -,	-
••	
 -	
fan effective date is liste Note: If the date inser	ner than the date of filing: 10-01-2019 (optional) and, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 rted in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.
e record specifies a del rd is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
Dated	·
	Mune Became Signature of a member or authorized representative of a member
	Mina Begam Typed or printed name of signee

Filing Fee: \$25.00