(Re	questor's Name)	
— (Ad	dress)	
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COVER LETTER

Division of Co Sun Fue	rporations el Tampa LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	Bhavin Raval		
	Sun Fuel Tampa LLC	Name of Person	
	6101 S. MacDill Ave.	Firm/Company	
	Tampa, FL 33611	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
George G. Pappas		727 447-4999	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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)
\$ f a Tf	INC AMBBECS.	ctdret/could	ED ADDDECC.

MAILING ADDRESS:

TO:

Registration Section

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

Sun Fuel Tampa LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 4-4-2018	and assigned
Florida document numberL18000015948	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the life	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	8 ≥ S
		AUG
		23 SAR
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		:e
		28 28 28
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, 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
MGR	Axis Consulting Partners LLC	14573 Waterchase Blvd. Tampa, FL 33626	
			■ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blo becument's effective date on the Department.	be specific and o ck does not me	cannot be prior to eet the applica	o date of filing of	more than 90 da			
e record specifies a delayed The 90th day after the reco		ate, but not	an effective	e time, at 12	:01 a.m. on	the ea	ırlier o
August 22		2018					
aicu	180	}	_ ·				

Page 3 of 3

Filing Fee: \$25.00