118000067198

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Fontaineble			
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Ignacio M. Urbieta		
			Name of Person	
		Fontainebleau Service Stati	ion, LLC	
Firm/Company				
		9701 NW 89th Avenue		
			Address	
		Medley, FL 33178		
			City/State and Zip Code	
		imurbieta@urbietaoil.com		
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	nformation co	oncerning this matter, please ca	ıll:	
Ignacio M. l	Jrbieta		305 884-0008 x-211 Area Code Daytime To	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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)

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

Fontainebleau Service Station, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L18000067198</u> .	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	DIVISION 18 MAY
Enter new mailing address, if applicable:		Filting
(Mailing address MAY BE A POST OFFICE BOX)		3 PF 3 A1A
		35
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	dress
		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>	<u>Name</u>	Address	Type of Action
MGR	Ignacio Urbieta, Jr.	9701 NW 39 Avenue Medlay, FL 33178	Add
			Remove
		0751 N(1) 80 A)0510	Change
MGR	Guillermo Urbieta	9701 NW 89 Avenue Medley, FL33178	B Add
			Remove
		 	Change
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Effective date, if other t	han the date of filir	1 9 :		(or	otional)		
fan effective date is listed, the Note: If the date inserted i document's effective date	e date must be specific an in this block does not	id cannot be prior meet the applica	able statutory fili	nore than 90 days a	fter filing.) Pursu	ant to 605. ot be liste	i.0207 ed as
ne record specifies a c The 90th day after t			t an effective	time, at 12:0:	1 a.m. on th	ie earlie	er o
Dated May 15	_	2018					
Jaica		` <u>k</u>	·				

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Typed or printed name of signee

Filing Fee: \$25.00