118000067205

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DIVISION OF CORPORATIONS

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COVER LETTER

	egistration Se ivision of Cor						
CUD III CYF		vice Station, LLC					
SUBJECT: Name of Limited Liability Company							
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		Ignacio M. Urbieta					
			Name of Person				
		Hialeah Service Station, L	LC				
			Firm/Company				
		9701 NW 89th Avenue					
			Address				
		Medley, FL 33178					
			City/State and Zip Code				
		imurbieta@urbietaoil.com E-mail address: ()	to be used for future annual report notific	cation)			
For further	information co	oncerning this matter, please ca	•	,			
Ignacio M	. Urbieta		305 884-0008 x- 2				
	Name o	l'Person	Area Code Daytime	Telephone Number			
Enclosed is	s 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

* ,

MAILING ADDRESS: 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

Hialeah Service Station, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number L18000067205	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 NSE
(Principal office address MUST BE A STREET ADDRESS)		MAY 1
Enter new mailing address, if applicable:		7 AM 8
(Mailing address MAY BE A POST OFFICE BOX)		23 23
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the nev
Name of New Registered Agent:	n .	
New Registered Office Address:	Enter Florida street ada	iress
		Florida
		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 NW 250 ANOS	Change
MGR	Guillermo Urbieta	9701 NW 89 Avenue Medloy, FL33178	Add
			□ Remove
			Change
			Add
			□ Remove
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Effective date, if other than t	he date of filing:		(optional)	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be price block does not meet the appli	or to date of filing or more than 90 icable statutory filing requires	0 days after filing.) Pursuant to 60	5.0207 (3 ted as th
he record specifies a delay The 90th day after the re		ot an effective time, at	12:01 a.m. on the earl	ier of:
May 15	2018	·		
Dated				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00