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SECRETARY OF STATE STATE OF CORPORATIONS DIVISION OF CORPORATIONS

N COOPER NAY 21 2018

## **COVER LETTER**

Div	ision of Cor	porations			
SUBJECT:	Crossings Service Station, LLC				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Ignacio M. Urbieta			
			Name of Person	<del></del>	
		Crossings Service Station.	LLC		
			Firm/Company	<del></del>	
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 notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
Ignacio M. I	Urbieta		305 884-0008 x- 2		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Crossings Service Station, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	and assigned	
Florida document number L18000067242	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	18 SE
		TAY
		FIL OF C
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		08 A
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		70
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	Floric	da
	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 89 Avenue Medlay, FL 38178	Add
			Remove
		077 124 2 80 Dian 20	Change
MGR	Guillermo Urbieta	9701 NW 89 Avenue Medley, FL33178	Add
			☐ Remove
			Change
			Remove
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ffective date, if other	than the date of filing:	(	optional)	A 107
Note: If the date inserted	the date must be specific and cannot be prior in this block does not meet the applic	cable statutory filing requirements	this date will not be listed	d as 1
locument's effective date	e on the Department of State's records	,		
	delayed effective date, but no the record is filed.	ot an effective time, at 12:	01 a.m. on the earlier	r of
Dated May 15	2018			
/aicu		·		
	$\gamma \lambda M M M_{\odot}$			

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Typed or printed name of signee

Filing Fee: \$25.00