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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 21 2018

COVER LETTER

Div	ision of Corp	orations		
SHRIFAT.				
SUBSECT.	****	Name of Limit	ed Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspor	dence concerning this matter to	o the following:	
		Ignacio M. Urbieta		
		. <u>. </u>	Name of Person	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Ignacio M. Urbieta Name of Person Miller Service Station, LLC 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 notification) at concerning this matter, please call: at (
			Firm/Company	
		9701 NW 89th Avenue		
			Address	· · · · · · · · · · · · · · · · · · ·
		Medley, FL 33178		
			City/State and Zip Code	
		~		
		E-mail address: (to	be used for future annual report notificat	tion)
For further is	nformation co	oncerning this matter, please cal	II:	
Ignacio M.	Urbieta		305 884-0008 x- 213	1
	Name of	Person	Area Code Daytime Te	elephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

Registration Section

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

Miller Service Station, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our record Jability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company were filed on 3/14/18		and assigned
Florida document number L18000067248		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		38 SECT
		MAY
		FILE CARY 17
Enter new mailing address, if applicable:		→ 30 0
(Mailing address MAY BE A POST OFFICE BOX)		
		S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	C C C I	
	Enter Florida street addres	2
		orida
	City	Zip Code

New Registered Agent's Signature, it 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 Medley, FL 33/178	■ Add
			Remove
		9701 NW 89 Avenue	Change
MGR	Guillermo Urbieta	Medley, FL33178	■ Add
			Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗖 Add
			Remove
			Change
			🗆 Add
			Remove

_□ Change

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		MAY	- 12.5 -
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			RATIONS
			
			
(if an ei <u>Note:</u>	e date, if other than the date of filing:	Pursuant to 605.02 will not be listed	207 (3)(b as the
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earlier	of:
Dated	1ay 15 2018		
	$\left\langle \right\rangle_{\sim\sim} \left\langle \right\rangle_{\sim}$		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00