L18000086108

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	ASK FUEI	FILTRATION WEST, LLC		6
JUDIECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	nall correspo	ondence concerning this matter	to the following:	
		Damon Shinn		
		 -	Name of Person	
		ASK Fuel Filtration West,	LLC (DBA Fuel Meisters)	
		•	Firm/Company	
		6710 36th Ave E Lot 236		
			Address	
		Palmetto, FL 34221		
			City/State and Zip Code	
		FuelMeisters@gmail.com		
		E-mail address: (to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Damon Shin	n		941 920-2532 at ()	
	Name o	f Person		me Telephone Number
Enclosed is	a check for t	ne following amount:		
□ \$25.00 B	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)
Re Dir P.(illing Addressistration (solution) of COO. Box 632 llahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2021

2021 FEB -3 AH 6: 27

ASK FUEL FILTRATION WEST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{8:00 \text{ a.m. April 05, 2018}}{2:00 \text{ a.m. April 05, 2018}}$	and assigned
Florida document number L18000086108		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
FUEL TANK & VAC, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the na	ime of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I ar rovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is
If Chan-	ning 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		and the state of t		
Title	Name	2021 FEB -3 AH 6: 27	Type of Action	
		Address An 6: 27	🗆 Add	
			□Remove	
			□Change	
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: 08:00 a.m. March 1st, 2021 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Jan, 31. 301. Signature of a member or authorized representative of a member
	Damon Shinn
	Typed or printed name of signee

Filing Fee: \$25.00