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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
cilbar		nio Oil, LLC		
SUBJE	.C1:	Name of Limi	ted Liability Company	
The end	closed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please 1	return all correspoi	ndence concerning this matter t	to the following:	
		Rolando Viadero		
			Name of Person	
		Ponte Vecchio Oil. LLC		
			Firm/Company	·
		10700 NW 53rd Street		
			Address	
		Sunrise, FL 33351		
			City/State and Zip Code	
		rviad318@gmail.com	o be used for future annual report notifi	
For fur	ther information co	n-mail address: (i oncerning this matter, please ca		cation)
	lo Viadero		754 235-0022	
	Name o	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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:

TO:

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

Ponte Vecchio Oil, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number L18000146008	were filed on 6/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		<u> Z 75</u>
		<b>0</b>
Enter new mailing address, if applicable:		를 생각
Mailing address MAY BE A POST OFFICE BOX)		9 2 2
iriuming under conversal Deliver Conversal Deliver		<del>6</del> 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.  Name of New Registered Agent:		nter the name of the p
New Registered Office Address:	Enter Florida street address	<u> </u>
	Fit v.a	
	Florid:	aZip 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	Rabbex, LLC	741 W 17th St. Hialeah FL 33010	<b>⊞</b> Add
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ective date, if other than the effective date is listed, the date in		not be prior to date	of tiling or more than	(optional) 90 days after filing.) Pur	suant to 605.020
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record specifies a delay The 90th day after the re	ed effective date ecord is filed.	, but not an	effective time, a	t 12:01 a.m. on	the earlier o
June 15th	2	018			
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Typed or printed name of signee

Filing Fee: \$25.00