

Fax: (850) 617-6383

Page: 1 of 5

09/02/2022 5:18 PM

Fax: 13052525505

From: Reception 103

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To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division c	Corporations	2822	1-US
Fax Number	: (850)617-6383	2 SEP	CRE
From:		ק	_3₽,
Account Na	: VALEZAR & ASSOCIATES	<b>–</b>	
Account Nu	per : 120150000092	3.	806
Phone	: (305)252-5505	PH	
Fax Number	: (888)346-7187	-	ည့်လ
		<u>ب</u>	
			ΘĒ
Enter the email ad	ress for this business entity to be	used for future	

Email Address: Mitha @ Valozar.com

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Corporate Filing Menu



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		COVER LETTER	•	
TO: Registration Se Division of Cor			A A	
	Home Address for Authorized	Member		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Minha Almanzar			
		Name of Person		
	Valezar& Associates			
		Finn/Company		
-				
	Miami, FL 33186			
		City/State and Zip Code	<u>.</u>	
	mirtha@valezar.com	Chystate and 215 Code		
	E-mail address: (	to be used for future annual repo	rt notification)	
For further information of	concerning this matter, please c	all:		
Mirtha Almanzar		305 252-55	05	
Name c	of Person	at () Area Code E	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee, Certificate of Statu.</li> <li>Certified Copy (additional copy is enclosed)</li> </ul>	
Mailing Addre:		Street Addre		
Registration Division of C		Registration Section Division of Corporations		
P.O. Box 632			e of Tallahassee	
Tallahassee,	FL 32314	2415 N. M	onroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Li Florida document number <u>L18000214735</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	were filed on 09/10/2018 and assigned
Florida document number L18000214735	
-	ility company here:
<ol> <li>If amending name, <u>enter the new name of the limited liabil</u></li> </ol>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	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)	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new regis</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

To:

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

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AMBR = Authorized Memb
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<u>Title</u>	Name	Address	Type of Action
AMBR	Rodrigo O Silva		🗋 Add
			🗆 Remove
		20916 Upticun Ave Apt 503 Bora Raton, FL 33428-3428	EChange
<del></del>		······	🖸 Add
			🗌 Remove
			Change
			🖸 Add
			🗆 Remove
		<u></u>	🗆 Change
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			[]Change
- <u>+</u>			🗆 Add
			🗆 Remove
			[]Change

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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

To:

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(If an ei <u>Note:</u>	tive dute, if other than the date of filing:(optional) frective 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 605.0203 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	7 (3)(b) i the
If the reco record is f	ord 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 filed.	

September 02. Dated	2022		
	·		
Cre	nly		
X	Signature of a member or authorize	d representative of a member	
Rodrigo O Silva			

Typed or printed name of signee