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(Requestor's Name)	
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PICK-UP WAIT MAI	
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(Business Entity Name)	
(Document Number)	
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TO:	Registration S Division of Co		:	***************************************
 SUBJE	GO Oil Co	ompany Llc		
SUBJE	.CT:	Name of I,	imited Liability Company	
The end	closed Articles of	Amendment and fee(s) are so	mitted for filing.	
Please 1	return all corresp	ondence concerning this matte	to the following:	
			Luis A. Colmenares Leal	
		-	Name of Person	<del></del>
			MGR	
			Firm/Company	
			2020 NW 129 Ave Ste 208	
			1 Address	
			Miami, FI 33182	
			City/State and Zip Code	
		E mail and I amount	info@jebsolutionsinc.net	<del></del>
For furt	her information c	oncerning this matter, please	•	ore nouncation)
Luis A. Colmenares Leal		786 203-3. at ( )	352	
	Name o	f Person		Daytime Telephone Number
Enclose	d is a check for t	ne following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)Lia (A flo		Company Llc 2019 077 - 7 F ny as it now appears on our records.)	<u>% 5: 0</u> 3
The Articles of Organization for this Limited Liab lit Florida document number	y Company	were filed on 01/24/2019	and assigned
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liabi	ility company here:	
The new name must be distinguishable and contain the word;	Limited Liabil	ity Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		2020 NW 129 Ave Ste 208	
(Principal office address MUST BE A STREET AD	DRESS)	Miami, FL 33182.	
Enter new mailing address, if applicable:		2020 NW 129 Ave Ste 208	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33182.	
B. If amending the registered agent and/or registered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:	• •		ne name of the new
		Florida	
		City	Zıp 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 amendii or remove	ng Authorized Person(s) authorized of the desired o	to manage, <u>enter the title, name, and ad</u>	dress of each person being added
MGR = 3 AMBR =	Manager Authorized Member	{ 	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Salvatore G. Gallo	5171 NW 85th Ave	Add
		Doral, F1 33166.	■ Remove
			Change
S	Andres R. Rodriguez Diaz	10564 NW 70th Ln	
		Doral, Fl 33178.	■ Remove
			Change
		1	Remove
		· — — — — — — — — — — — — — — — — — — —	Change
			□ Remove
		1	□ Change
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		<del></del>	
			□ Remove
			□ Changa

Ifam	ending any other info	rmation, enter cla	ige(s) here: (Attach	radditional sheets, i	f necessary.)	
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If an eff <u>Note:</u>	ive date, if other than ective date is listed, the date If the date inserted in thient's effective date on the	must be specific and can s block does not meet	the applicable statuto	ing or more than 90 days	o <b>ptional)</b> after filing.) Pursuant to ( , this date will not be l	605,0207 ( isted as t
ne red The	ord specifies a dela 90th day after the i	yed effective da <sup>l</sup> te record is filed.	, but not an effec	ctive time, at 12:0	01 a.m. on the ear	dier of:
Dated .	September 30		019			
			flofp			
		Signature of a mem	ner or authorized represe	entative of a member		
		ĺ	Luis A. Colmenares	Leal		
	<del></del> -		ed or printed name of si	gnee		
		1	Page 3 of 3			

Filing Fee: \$25.00