## L19 0000097085

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Amendas

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## **COVER LETTER**

Div	ision of Corp	porations							
SUBJECT:		EQUILA GAS STATION LLC							
		Name of Limited Liability Company							
The enclosed	f Articles of a	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspor	idence concerning this matter	to the following:						
		Marcelo La Manna							
			Name of Person						
		3323 NE 163 rd. St suite 50	Firm/Company						
		North Miami Beach FL 331	Address 60						
		info@abrokersmanagement	City/State and Zip Code .com						
			to be used for future annual report notific	eation)					
For further in	iformation co	neerning this matter, please co	ıli:						
Marcelo La	Manna		754 6108921						
	Name of	Person	at () Area Code Daytime	Telephone Number					
Enclosed is a	check for the	2 following amount:							
□ \$25.00 F	iling 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 tadditional copy is enclosed)					

MAILING ADDRESS:

TO:

Registration Section

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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

## **TEQUILA GAS STATION LLC**

company has been notified in writing of this change.

(Same of the Lin	(A Florida Limit	ied Liability Company)	on our records.)		
The Articles of Organization for this Limited Florida document number L19000097085	Liability Compa	any were filed on 04/0	8/2019	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited 1	iability company here	<u>:</u> :		
n/a					
The new name must be distinguishable and contain the	words "Limited L	iability Company." the desi	gnation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if appli	n/a				
(Principal office address MUST BE A STRE	<u>ET ADDRESS,</u>	2			
				20	
Enter new mailing address, if applicable:		n/a			
(Mailing address MAY BE A POST OFFICE	E BOX)			ට	
				<u> </u>	
				0:	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address l	office address on o here:	ur records, <u>en</u>	ter the name of the ne	
Name of New Registered Agent:	n/a				
New Registered Office Address:	n/a				
		Enter Florida	i street address	·	
		, Florida			
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Age	nt:			
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg	per and comple	ete performance of m	v duties, and La	ım familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 Title Name **Address** Type of Action Matras Tenaglia 3323 ne 163 rd St Suite 506 North MGR Miami Beach FL 33160 **■** Add \_□ Remove \_\_\_□ Add \_□ Remove \_\_ 🗆 Add \_□ Remove \_□ Change \_□ Add \_\_\_\_\_ 🚨 Remove \_\_\_\_ 🖂 🖂 Add \_\_\_\_\_ □ Remove \_□ Add ☐ Remove \_ Change

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Filing Fee: \$25.00