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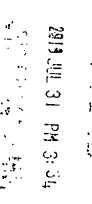
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COVER LETTER

TO: Registration Se Division of Co			
M & M IN	TERNATIONAL HOLDING C	OMPANY LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL VASCONEZ		
	REV MULTI SERVICE IN	Name of Person	
		Firm/Company	
	16499 NE 19 AVE SUITE	218	
	MIAMI, FL. 33162	Address	
	REVMULTISERVICE@AG	City/State and Zip Code OL.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
RAFAEL VASCONEZ		305 7885207	
Name o	of Person	Area Code Daytim	e 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)	☐ \$50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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**

M & M INTERNATIONAL HOLDING COMPANY 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 Co	ompany were filed on 06/13/2019	and assigned
Florida document number L19000157005		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
M&M FUEL INTERNATIONAL HOLDING LLC.		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRE	ESS)	·
		A. 100
Enter new mailing address, if applicable:		w
(Mailing address MAY BE A POST OFFICE BOX)		Til.
		* (_)
B. If amending the registered agent and/or registe	ered office address on our records, ento	er the name of the nev
registered agent and/or the new registered office addre	ess here:	_
Name of New Registered Agent:		
New Registered Office Address:		
The regimered office fraction.	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 as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I an ent as provided for in Chapter 605, F.S. C	n familiar with and Fr, if this document is
	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	
			Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
		,	Change
			Remove
			Change
			DAdd
			Remove
			Change
			Add
			Remove
			□ Change

 		
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	- ,	
		
	0/125/2010	
Effective date, if other than t	06/25/2019 e date of filing: (optional)	
(If an effective date is listed, the date n	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, lock does not meet the applicable statutory filing requirements, this date will not be liste	.0207 (3)(ed as the
he record specifies a delay The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on the earlie cord is filed.	er of:
Dated	2019	
1		
ι	Signature of a member or authorized representative of a member	
ALEXANDER LIMA		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00