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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 of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES

Account Number : I20150000092 Phone : (305)252-5505 Fax Number : (888)346-7187

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*:

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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PETROLA OIL LLC

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registra Division	of Corporations	
Petro	ola Oil LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
Please return all c	correspondence concerning this matter to the following:	
	Mirtha Almanzar	
	Name of Person	
	Valezar & Associates	2019 AUG
	Finn/Company	<u> </u>
	12485 SW 137th Ave Suite 206	·
	Address	
	Miami, F1, 33186	ج. ن
	City/State and Zip Code	د، د
	minha@valezar.com	
	E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call;	
Mirtha Almanza	at (	
	Name of Person Area Code Payame receptions Follows	
Enclosed is a ch	neck for the following amount:	
₩ \$25,00 Fifting	Certificate of Status Certified Copy Certified	le of Status &

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

Petrola Oil LLC	Company as it now appears on our records.)	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Clarific) (A Florida	y Compony as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.19000182743	ompany were filed on <u>07/16/2019</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	2019
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation H.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office uddress MUST BE A STREET ADDR	(ESS)	<u> </u>
		— <del></del>
Enter new mailing address, if applicable:		<u></u> ω
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	itered office address on our records, foress here:	enter the name of the in
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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

Page 1 of 3

H19000 2308485

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

Park Road aton, FL 33433
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Page 2 of 3

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