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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
PETROLA OIL LLC

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H19000296623 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perola Oil LLC
Filing of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mirtha Amador

Name of Person

Valezar & Associates

Firm/Company

12485 SW 117th Ave Ste 200

Address

Miami, FL 33186

City, State and Zip Code

mirtha@valezar.com

Email address (to be used for future annual report notification)

For further information concerning this matter, please call

Cynthia Vazquez

305

252-5503

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☐ \$20.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Stat
Certified Copy
(additional copy is enc)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 8327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H19000296623 3

H19000296623 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Petrola Oil 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 Company were filed on 07/16/2019 and
Florida document number L19000182743

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this amendment 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

H19000296623 3

H19000296623 5

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
(b) The 90th day after the record is filed.

Dated: October 4, 2019

George Michailos

Signature of a member or authorized representative of a member

George Michailos

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H19000296623 3