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TO:

Registration Section

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Division of Cor	porations		
SUBJECT: Tas	Jumus Para Pe Name of Lim	etroleo y 6as o	CA,LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Edu	Pardo Chacin L Name of Person	eon
		Firm Company	
		Spira Cir Unit 13	15 2031
	No	aples, FL 3411. City'State and Zip Gode	3
	e dvardo E-mail address (City'State and Zip Code Cha Cin@ amail. to be used for finite formal report noti	20 Com (fication) (9)
For further information c	oncerning this matter, please c	_	::07
Edvardo	1. Chacin Leon	at (<u>561</u>)843 · Area CodeDaytim	-1918
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing 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 (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Insumos para Petroleo y Gas CA 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 assigned Florida document number <u>L 1900018</u> 2972 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, "L.LC. 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address

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.

Cin

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f the date inserted in this block does not meet the applicable statutory filing nt's effective date on the Department of State's records.	requirements, this date will not be in
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