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.

Electronic Filing Cover Sheet

(((H20000082630 3)))



H2000000826303ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

:cT

Division of Corporations

Fax Number

: (950)617-6393

From:

Account Name : LAW OFFICES OF MICHAEL A. HALBERG, P.A.

Account Number : I20100000044 Phone : (954)252-0589 Fax Number : (954)320-4535

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

Email Address: Sims154560 (c). com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOED 18, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAR 1 3 2020

I ALBRITTON

LLC N/C

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOED 18, LLC		
(Name of the Limited Liability Com (A Florica Limite	pany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000271623</u> .	ny were filed on October 30, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
University Petroleum, LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the ab	obreviation "L.L.C."
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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, enter the nan	ne of the new registered
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and I am is provided for in Chapter 605, F.S. Or,	familiar with and if this document is
If C	hanging Registered Agent. Signature of New Re	egistered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

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

		· <u> </u>		 -		
						
			-		 	
						
					· · · · · · · · · · · · · · · · · · ·	
				······································		
						
						-
,					· · · · · · · · · · · · · · · · · · ·	
•			<u> </u>			
,						
•				<u></u> _		
					 -	
						
Note:	tive date, if other than t ffective date is listed, the date r if the date inserted in this ment's effective date on the	block does not mee	t the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Purs ments, this date will i	uant to 605,0207 (3 not be listed as th
he reco ard is f	ord specifies a delayed offectiled.	tive date, but not an	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 901	h day after the
Dated	March 12		2020			
Daire						
		Signature of a mer	note or authorized to	presentative of a mem	per	
		-				

Filing Fce: \$25.00