## L20000057128

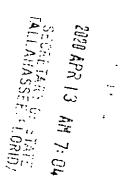
(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Div	ision of Corp	porations		
	FLYFUEL:	STORE I LLC		
SUBJECT:	Name of Limited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu <b>r</b> n	all correspon	ndence concerning this matter	to the following:	
		PHILIP JOSEPHSON		
	Name of Person			
	STERLING BUSINESS LAW			
			Firm/Company	
	2665 S. BAYSHORE DRIVE, PH2B			
	Address			
	MIAMI, FL 33133			
			City/State and Zip Code	
		pjosephson@sterlingbusine		
			to be used for future annual report notifica	ition)
For further ii	ntormation co	oncerning this matter, please ca	all:	
PHILIP JOS	SEPHSON		305 285-7970 at ( )	
	Name of	f Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	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)
Re Di P.0	iling Addres gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations Jahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records.) Company)
led on 2/20/2020 and assigned
mpany here:
pany," the designation "LLC" or the abbreviation "L.L.C."
7028 14.0
7.0 <b>S</b> AB <b>A</b> P
Section 2
——————————————————————————————————————
81. O
on our records, enter the name of the new registered
Enter Florida street address
, Florida
Zip Code
et in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and I for in Chapter 605, F.S. Or, if this document is set, thereby confirm that the limited liability

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> <u>Address</u> Type of Action  $\square$ Add □Remove \_\_ Change \_ □Add \_\_ 🗆 Remove Change  $\square$ Add □Remove Remove

Ct

Change  $\square Add$ Remove Change  $\square \mathsf{Add}$ □Remove \_ DChange

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Mula La 1		a.m. on the earlier of: (b) The 90th day after the
Signature of a meroper or authorized representative of a member	Dated APRIL 2 . 2020	
	Signature of a member or authorized represen	tative of a member

Filing Fee: \$25.00

Typed or printed name of signee