

1/17/23, 12:14 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : YOUR DREAM SERVICES CORP.  
Account Number : 12020000137  
Phone : (786)660-0108  
Fax Number : (786)364-1047

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

Email Address: INFO@YOURDREAMMS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SIFIPA15, LLC**

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JAN 25 2023

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## COVER LETTER

TO: Registration Section  
Division of Corporations

(((H23000018834 3)))

SUBJECT: SIFIPAT5 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIRWILLIAMS FIGUEROA PAGAN

Name of Person

*Sirwilliams Figueroa Pagan*

Firm/Company

11533 SW 137TH PASSAGE

Address

MIAMI, FLORIDA 33186

City/State and Zip Code

SIRWILLIAMS90@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIRWILLIAMS FIGUEROA PAGAN

787 904-3991  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)MailingAddress:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

StreetAddress:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SIFIPA15 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 08/24/2020 and assigned  
Florida document number 120000260369.

This amendment is submitted to amend the following:

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

LET'S FUEL LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11533 SW 137TH PASSAGE

MIAMI, FLORIDA 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11533 SW 137TH PASSAGE

MIAMI, FLORIDA 33186

**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:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

8300 NW 53RD ST STE 350

*Enter Florida street address*

MIAMI

, Florida 33166

*City*

*Zip Code*

**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.*

*Isamar Torres*

If Changing Registered Agent, Signature of New Registered Agent

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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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FIGUEROA SIRWILLIAMS	11533 SW 137TH PASSAGE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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