420 000 3020 76

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (ridaless) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| • |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



700353334037

19/13/20--01928--002 **25.09

2020 OCT 13 PM 5: 11

1 Michan

COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|------------------------|---|
| SUBJECT: | resh Oil L Name of Lim | ited Liability Company | · |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Isratl | LUNA 111 | |
| | Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filling. asse return all correspondence concerning this matter to the following: Israel Luna Name of Person Fre.Sh 01 UCC Firm/Company Gity/State and Zip Code Sales G Fresho Com Email address to be used for future annual report notification further information concerning this matter, please call: Israel Luna | | |
| | | ^ ~ | |
| | LAke | Worth FL 334 | tle l |
| | Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. And the submitted for filing. Address LAKE LUNA III Name of Person Fresh OII LUC Firm/Company Address LAKE WITH FL 33 He City/State and Zip Code Sales G. Fresho I. obd. Com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: STAEL LUNA III Name of Person at 1.561, 779 - 1073 Daytime Telephone Number heek for the following amount: ing Fee Sol.00 Filing Fee & Sol.00 Filing Fee & Sol.00 Filing Fee & Certificate of Status Certified Copy Gertificate of Status Certified Copy Gertificate Copy Gertificate of Status Certified Copy Gertificate Copy Gertificate Copy (Sertified Copy) Gertificate Copy (Sertified Copy) | lication) | |
| For further information co | ncerning this matter, please ca | all: | |
| | | at, 56(, 779 | -1073 |
| Name of I | 'erson | Area Code Daytime | 2 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| ☑ \$25,00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Address: | | Street Address: | |

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fresh Oil | CCC | | |
|---|---|-------------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records. Jability Company) |) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 200003</u> 02076 | were filed on Sept 24 | 1 20 2 and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | 3 | |
| | | | |
| Enter new mailing address, if applicable: | | - | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new registered | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | 1 | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | performance of my duties, an | d Lam familiar with and | |

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

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 |
|--------------|----------------|--|-------------------|
| MGR | ISTAEL LUNAIII | 1931 RAMSEY Dr Cake Vir | TH ELL, 3348(|
| | | | □Remove |
| | | | |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | DAdd 2020 GRemove |
| | | ASSET OF THE PERSON OF THE PER | الوريبية بيرم لا |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | Change |

| | | | | | · · · · | |
|--|---|------------------------|--|--|--|---------------------------------|
| | <u></u> | · | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ . |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | -tss |
| | | . | <u> </u> | | - | 2020 p |
| | | | <u>, </u> | | | |
| | | | | | 25.0 85.0 85.0 | ω ; · } [[] |
| | | | | | HS. | က် 🗅 |
| Note: If the date in | other than the date sted, the date must be sp serted in this block do the date on the Departit | oes not meet the ap | plicable statutory i | op (op or more than 90 days at Iling requirements, t | tion::II) — ter tiling: [Parsua his date will no | nt to 605,020 t be listed as |
| ne record specifies a ord is filed. | delayed effective date | . but not an effectiv | ve time, at 12:01 a | m. on the earlier of: | (b) The 90th o | day after the |
| Dated 17 | /8/20 | | <u> </u> | ici | | |
| | Sions | siure of a member or a | authorized represents | /(/ | - <u> </u> | |

. . . .

Filing Fee: \$25.00