120000341045

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

10.	Division of Cor		7	*		
SUBJE	· CT.	LBIS GAS STA	ATION LLC			
SUBJE		Name of Lin	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		R	EKHA PEDNEKAR			
			Name of Person			
		ACC	COUNTING ADVANTAGE			
			Firm/Company			
		2700 N	MILITARY TRAIL, SUITE 200			
			Address			
		BOCA RATON, FL 33431				
City/State and Zip Code			 _			
			@AACPAUSA.COM to be used for future annual report n			
For fur	ther information co	oncerning this matter, please c	-	ouncation)		
		PEDNEKAR	561 687-6466			
	Name of	f Person	at () Area Code Dayt	ime Telephone Number		
Enclose	ed is a check for th	e following amount:				
■ \$23	5.00 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)		
	Mailing Address Registration S		Street Address:	Section		
	Division of C		Registration S Division of C			
	P.O. Box 632		The Centre of	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LBIS GAS STATION LLC	Z		C PH 3:5	ļ _i
(Name of the Limited Liability Company (A Florida Limited Lia				<u>-</u>
(A Florida Ellinted Ela	onity Company)			
The Articles of Organization for this Limited Liability Company w	rere filed on	10/:	27/2020	and assigned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :		
IBIS GAS STATION LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "I	.LC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	NOT AP	PLICABL	.E	
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>			
				
Enter new mailing address, if applicable:	NOT AP	PLICABI	.E	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our rec	cords, <u>en</u>	ter the name	of the new registere
Name of New Registered Agent: NOT AP	PLICABLE	<u> </u>		
New Registered Office Address:				
-	Enter Florid	la street add	iress	
		,	Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of n	iy duties.	and I am fa	miliar 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
	<u></u>	NOT APPLICABLE	Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove

	NOT APPLICABLE	
	<u>.</u>	
	<u>.</u>	
		
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	st be specific and cannot be prior to date of fil ock does not meet the applicable statute	(optional) lling or more than 90 days after filing.) Pursuant to 605.0207 (ory filing requirements, this date will not be listed as t
he record specifies a delayed effection ord is filed.	re date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
NOVEMBER 9	2020	
Dated	··	
(Koson	
	Signature of a member or authorized repres	sentative of a member
	CAN KOSEM	
 	Typed or printed name of s	

Filing Fee: \$25.00