5/21/2021

Division of Corporations

L200003410 45

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    : OLIVE JUDD, P.A.
        Account Number  : I20200000171
        Phone           : (954)334-2250
        Fax Number      : (888)503-5258
```

FILED 2021 MAY 21 PM 5: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED 2021 MAY 21 PM 1: 33

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IBIS GAS STATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

Electronic Filing Menu   Corporate Filing Menu   Help

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COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Ibis Gas Station 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:

        Stephen V. Hoffman, Esq.
        _____
                        Name of Person

        Olive Judd, P.A.
        _____
                        Firm/Company

        2426 East Las Olas Boulevard
        _____
                        Address

        Fort Lauderdale, FL 33301
        _____
                        City/State and Zip Code

        shoffman@olivejudd.com
        _____
                E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen V. Hoffman   954   334-2250
_____   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 &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   Certified Copy
                                                                                    (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                            Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ibis Gas Station 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 10/27/2020 and assigned

Florida document number L20000341045 .

This amendment is submitted to amend the following:

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

_____

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)   _____

_____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

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: Olive Judd, P.A.

New Registered Office Address: 2426 East Las Olas Boulevard
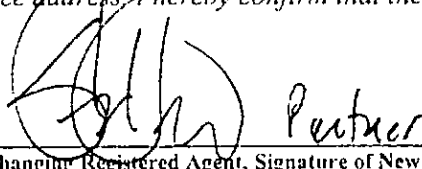   *Enter Florida street address*

Fort Lauderdale   , Florida 33301
            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.

_____
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
AMBR = Authorized Member

Title	Name	Address	Type of Action
PRES	Can Kosem	355 NE 3rd Ct	☐ Add
		Boca Raton, FL 33432	■ Remove
			☐ Change
MGR	Can Kosem	355 NE 3rd Ct	■ Add
		Boca Raton, FL 33432	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. **Effective date, if other than the date of filing:** _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated ___May 20_____2021_____·

_____
Signature of a member or authorized representative of a member

Stephen V. Hoffman, authorized representative
_____
Typed or printed name of signee

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