

From: Leticia Sosa

Fax: 13057742945

To: FDS (Division of Corp)

FAX: (850)617-6383

Page: 1 of 1

11/15/2021 11:48 AM

11/15/21, 10:53 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000421343 3)))



H210004213433ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ABITOS PLLC
Account Number : 120200000189
Phone : (305)774-2945
Fax Number : (305)774-1504

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

Email Address: _____

2021 NOV 15 PM 12:28

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI BEACH GAS STATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 NOV 15 PM 1:19

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

VH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI BEACH 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 03/08/2021 and assigned Florida document number L21000099563.

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
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

FILED
NOV 15 PM 1:19
TALLAHASSEE
FLORIDA
STATE

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>	<u>Type of Action</u>
MGR	SUN GAS MANAGEMENT CO L	401 71ST ST.	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OCOEE PETROLEUM CORP	6348 COLLINS AVE	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGIO CUCCHIARA	7226 SW 53RD AVE.	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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 11/15/2021

Signature of a member or authorized representative of a member

Guillermo Celis

Typed or printed name of signee

FILED
2021 NOV 15 PM 1:18
TALLAHASSEE
FLORIDA