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(Ci	ty/State/Zip/Phoi	ne #)
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Cor				
CHRIEC		SERVICE, LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		SERGIO MORERA			
		<del></del>	Name of Person		
		S&K OIL SERVICE, LLC	:		
			Firm/Company		
		6261 TAMIAMI CANAL	ROAD		
			Address		
		MIAMI, FL 33126			
		City/State and Zip Code			
		MORERA.SERGIO@YAHOO.COM			
			to be used for future annual report no	tification)	
For further	er information o	concerning this matter, please c	all:		
SERGIO	MORERA		786 370-4865		
	Name o	of Person	Area Code Daytir	me Telephone Number	
Enclosed	is a check for t	he following amount:			
■ \$25.0	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 Addres		Street Address:		
	Registration : Division of C		Registration Se Division of Co		
	P.O. Box 632	•	The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND THE PROPERTY OF T



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S&K OIL SERVICE, 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 Compa	ny were filed on 06/18/20	21 and assigned
Florida document number L21000284724		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M	lanager uthorized Member	Address 21 NUG -2 PH 1:31	
<u>Title</u>	<u>Name</u>	Address 21 AUG -2	Type of Action
MGR	SERGIO MORERA	6261 TAMIAMI CANAL RD	🖺 Add
		MIAMI, FL 33126	□Remove
			Change
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			□Change
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			□Add
			□Remove

□Change

	21 AUC = 2 PH 1: 31
	SERGIO MORERA.
	**************************************
ffec	ive date, if other than the date of filing: 06/18/2021 (optional)
îan ei	fective 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 (
<del>vote:</del> locur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco	rd 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
d is f	
Tated	
Dated	
Dated	Q 01/1/20

Filing Fee: \$25.00