L220000 52868

	(Requestor's	Name)		_
	(Address)			_
	(Address)			_
	(City/State/Z	ip/Phone #)		_
PICK-UP		WAIT	MAIL	
	(Business Ér	ntity Name)		_
	(Document I	lumber)		_
Certified Copies	_	ertificates of	Status	
				٦
Special Instructions to	Filing Officer	:		١
				ĺ
				ľ
				Ì
				┙

Office Use Only



100418403061

2023 NOV ~ 6 PH 12: 40





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		i		
Igati Gasoline 2 LLC				
Please Debit FCA0000	00003 For: 25			
Thank you Seth Neele	у			
Stoff			Art of Inc. File LTD Purtnership File Foreign Corp. File L.C. File	AON 8207
			Fictitious Name File Trade/Service Mark Merger File Art. of Amend, File	04:51Hd 9-40
			RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement	_ _
			Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status	
Alg)			Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search	
Signature Requested by: SETH			Vehicle Search Driving Record UCC 1 or 3 File	.
Name	Date Time	-	UCC 11 Search	
Walk-In	Will Pick Up	-	Courier	

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Ugati Gase	oline 2 LLC				
Sobsect.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	George G. Pappas				
		Name of Person			
	Pappas Law & Title				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	1822 N. Belcher Rd., Suite	200			
		Address			
	Clearwater, FL 33763				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	ncation)		
For further information c	oncerning this matter, please c	all:			
George G. Pappas		727 447-4999 at ()			
Name of Person			e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 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 S Division of C		Registration Section Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2023 NOV -6 PM 12: 40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ugati Gasoline 2 LLC				
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Li Florida document number	ability Compan	y were filed on 1-31-2	2022	_and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liab	pility Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			20 3
		<u></u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		N/A		<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or r	egistered office	address on our reco	rds, enter the name o	P :
agent and/or the new registered office addres				
Name of New Registered Agent:	Muhammad S	hafique		
New Registered Office Address:	3600 S. John	Young Parkway		
		Enter Florida	street address	
	Orlando		, Florida ³²⁸³⁹	l ————————————————————————————————————
		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.

Muldonn M Short Gue
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	Muhammad Shafique	3600 S. John Young Parkway	
		Orlando, FL 32839	□ Remove
			Change
MGR	Vishwas Pareek	3600 S. John Young Parkway	□Add
		Orlando, FL 32839	=Remove
			□ Change
<u></u>			□Add
			☐Remove ☐
			□ Add □ Remove
			□Remove
			□Change
		 	□Ađd
			□Remove
			□Change
			□Add
			□Remove
			□Change

N	I/A		<u> </u>					
_				_	· · · · · · ·			
_								_ _
		·			<u> </u>			
								
_							·	
_						<u></u>		
_					··			2023 KOV
_					 .			— 중
-		. <u>-</u>						- 6
_								PK 12: 41
_								
_	-					<u></u>		
_				_				
_					·			
								
Note:	ive date, if other than ective date is listed, the date If the date inserted in thi ent's effective date on the	s block does not me	eet the applic	able statutory	or more than 9	(optior) (option) days after fi	ling.) Pursuant t	o 605.0207 (e listed as t
he reconord is fil	d specifies a delayed effe led.	ctive date, but not a	ın effective ti	me, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90th day	after the
Dated	November 3		2023	·				
		MUMM Signature of a mi	5 111 01 05	SHAFI	ove			
		,,, v · ·	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- ' <u>' / / / </u>				
	•	Signature of a m	ember or auth	orized represer	tative of a m	ember		

Filing Fee: \$25.00