

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.

(((H22000093560 3)))



H220000935603ABC.

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 : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone : (305)448-9584 : (305)448-9569 Fax Number

\*\*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 LUCKY ISLAND PETRO LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

MAR 1 5 2022

K. Brumbley

## **COVER LETTER**

10:	Division of Cor		•			
erm re	LUCKY IS	LAND PETRO LLC				
SUBJE	CT:	Name of Lim	nited Liability Company			
The and	la sout Amialou - C	A				
THE CHC	iosed Afficies of	Amendment and fee(s) are sub	milled for filing.			
Please re	cturn ali correspo	ndence concerning this matter	to the following:			
PINKU C. DEBNATH						
			Name of Person			
		LUCKY ISLAND PETRO	LLC			
	Firm/Company 3835 SEASIDE DR Address					
	3835 SEASIDE DR					
			Address			
		KEY WEST, FL 33040				
			City/State and Zip Code	<del></del>		
		JABBOURANDASSOCIA	<del>-</del>			
		E-mail address: (	to be used for future annual report notifi-	cation)		
For furth	er information co	oncerning this matter, please of	all:			
PINKU	C. DEBNATH		305 448-9584			
	Name of	Person	at ()	Telephone Number		
Enclosed	lis a check for th	e following amount:				
≣ \$25.	00 Filing Fee	Cortificate of Status	S55.00 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 Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 2	orations Ilahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Island Petro LLC.	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 02/10/2022	and assigned
Florida document number 4.22000053637	
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:	202
(Principal office address MUST BE A STREET ADDRESS)	221
	5 5 7 3
	AN THE PAR
Enter new mailing address, if applicable:	PH DOY
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	56
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florido street od	ddress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	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

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
AMBR	ANUP K AICH	3835 SEASIDE DR	<b>∃</b> ∧dd
		KEY WEST, FL 33040	
			☐ Change
			①Add
			CRemove
			Change
			🗆 🗆 🗆 Aéd
			□Remove
			□ Change
			ClAdd
			C)Remove
			Change
<del></del>			□Add
			Rcmove
			Change
	******		□Add
			🗖 Remove
			F) C(

			- <del></del>
<u> </u>			
			······································
<del>,</del> .			
Effective date, if other than the functive date is listed, the date mus Note: If the date inserted in this blacement's effective date on the D	our does not meet the annifeable s	(optional coffiling or more than 90 days after filinstatutory filing requirements, this da	l) ng.) Pursuant to 605,0207 te will not be listed as
record specifies a delayed effectived is filed.	date, but not an effective time, a	it 12:01 a.m. on the earlier of: (h)	The 90th day after the
	2022		
MARCH 1! Dated	<del></del>		
	in Deduct L. Signature of a member or authorized	<del></del>	

Filing Fee: \$25,00