## L22000217169

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Division Falia Nama)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Division of C	n Section Corporations	
	PETROL GROUP LLC	
SUBJECT:	Name of Lis	mited Liability Company
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.
Please return all corre	espondence concerning this matte	r to the following:
	MARK ANGELL	
		Name of Person
	MARK ANGELL	
		Firm/Company
	1075 ROSEWOOD DRIV	/E
		Address
	GRAPEVINE, TX 76051	
		City/State and Zip Code
	angellmark92@gmail.com	(to be used for future annual report notification)
For further information	on concerning this matter, please	. 11
MARK ANGELL		682 226-9167
Nan	nc of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:	
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Section
Division o	f Corporations	Division of Corporations
P.O. Box 6	5327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCEOPETROL GROUP LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our recordibility Company)	<u>ds.</u> )
he Articles of Organization for this Limited Liability Company w	vere filed on 05/09/2022	and assigned
lorida document number L22000217169		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability	ty company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L,L,C,"
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		200
		(A)
		H H
nter new mailing address, if applicable:		20- 1 <u>2</u>
Mailing address MAY BE A POST OFFICE BOX)		
		THE T
		7 27 E
3. If amending the registered agent and/or registered office ad- gent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	XS.
		lorida
	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

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	MORENO,REINALDO H	3956 TOWN CENTER BLVD., SUITE 330	□Add
		ORLANDO, FL 32837	≅Remove
			Change
			□ Add
		·	Remove
			Change
	<del></del>		Add  Add  Remove 7
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