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| To:   | Division of Corp | porations                           | P 19           | 7      |
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|       | Fax Number :     |                                     | ·∧ ~           | ГТ     |
| From: |                  |                                     | SEE S          |        |
|       | Account Name :   | ZIMMERMAN, KISER, & SUTCLIFFE, P.A. |                | $\sim$ |
|       | Account Number : | I1999000006                         | <u>"</u> = = = |        |
|       | Phone :          | (407)425-7010                       | , U            | ,      |
|       | Fax Number :     | (407)425-2747                       |                |        |

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

Email Address: \_\_\_\_CORPORATE@ZSKSLAWFIRM.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANSDIESEL OF FLORIDA, L.L.C.

|              | Certificate            | of Status            | 0       |             |
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# COVER LETTER

TO: Registration Section Division of Corporations

Transdiesel of Florida, L.L.C.

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

LINDSAY RICHMOND, ESQ.

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

F:rm/Company

315 E. ROBINSON STREET, STE 600

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

corporate@zkslawfirm.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

| LINDSAY RICHMOND | 407                | 425-7010                 |
|------------------|--------------------|--------------------------|
| Name of Person   | at ()<br>Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount.

\$25.00 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 ADDRESS: Registration Section Division of Corporations P O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 (((H220003188603)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TRANSDIESEL OF FLORIDA, L.L.C.

#### (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 or | May 17, 2022 an | nd assigned |
|---|-----------------|-------------|
| Florida document number L22000230463  |                 |             |

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 BON)

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 addi | 225      |
|                                |                           | Elorida  |
|                                | City                      | Zıp 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

# MGR = Manager

AMBR = Authorized Member

| Title     | <u>Name</u>      | Address                         | Type of Action |
|-----------|------------------|---------------------------------|----------------|
| AMBR      | Mark Rhodes      | 3710 North Orange Blossom Trail | Add            |
|           |                  | Orlando, FL 32804               | Remove         |
|           |                  |                                 | Change         |
| MGR       | Robert J. Miller | 3710 North Orange Blossom Trail | Add            |
|           |                  | Orlando, FL 32804               | Remove         |
|           |                  |                                 | Change         |
|           |                  |                                 | Add            |
|           |                  |                                 | Remove         |
|           |                  | <u> </u>                        | Change         |
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|           |                  |                                 | Change         |

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

| <br>an the date of filing: | (optional) |
|----------------------------|------------|
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If the record specifies a delayed effective date, but not an effective time, at 12:01 e.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 14

2020

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Page 5 of 3 Filing Fee: \$25.00