L22 000 328 205

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



10/11/22--01009--022 ++25.00

FILED 2022 OCT 11 AM 7: 26 SECRETARY OF STATE TALLAHASSEE, FL

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

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TOVAR GAS LLC 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:

STEPHANNY G URUETA

Name of Person

TOVAR GAS LEC

Firm'Company

USTUEMPRESA@GMAIL.COM

Address

19370 COLLINS AVE APT 1014

City/State and Zip Code

SUNNY ISLES BEACH, FL 33160

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

For further information concerning this matter, please call:

 STEPHANNY G URUETA
 786
 340-0372

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOVAR GAS LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	,
The Articles of Organization for this Limited Florida document number <u>L22000328205</u>	Liability Compar	ny were filed on <u>07/25/2022</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic	NA e address on our records, <u>enter th</u>	
agent and of the new registered office and	<u>cos acre</u> .		
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		7:26
	N 7 4	Enter Florida street address	m -
	NA	, Flor	ida <u>NA</u>
		S (4)	zy/Cine

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	STEPHANNY G URUETA	19370 COLLINS AVE APT 1014	🗇 Add
		SUNNY ISLES BEACH, FL 33160	E Remove
		·	□Change
AMBR	DAVID GUERRERO	19370 COLLINS AVE APT 1014	🔲 Add
		SUNNY ISLES BEACH, FL 33160	
			🗆 Change
AMBR	HUMBERTO NOGUERO	19370 COLLINS AVE APT 1014	■ Add
		SUNNY ISLES BEACH, FL 33160	
		<u></u>	□ Change
NA	NA	NA	🗆 Add
			CRemove
			□Change
NA	NA	NA	🗆 Add
			🗆 Remove
			Change
NA	NA	NA	□Add
			🗆 Remove
		e	🖸 Change

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

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	<u> </u>		<u> </u>			
Effective date, if oth f an effective date is liste <u>Note:</u> If the date inser locument's effective of record specifies a del	rted in this block d date on the Departi	loes not meet the a ment of State's red	applicable statutor cords.	ry filing require	ments, this date	.) Pursuant to 605.0207 will not be listed as
d is filed.						
SEPTEMBER : Dated	81H	<u> </u>	·			
SEPTEMBER		. 2022 Sta		<u>rueta</u> emative of a mem	ber	
				rusta contative of a mem	ber	