To: 18506176383@rcfax.com Fax; (850) 617-6383

Division of Corporations

Page: 2 of 6

08/24/2022 10:40 AM

Florida Department of State

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To:

Division of Corporations

Fax Number ; (850)617-6383

From:

Account Name : OLIVE JUDD, P.A. Account Number : 120200000171 Phone ; (954)334-2250 : (888)503-5258 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 YAMATO GAS STATION, LLC

Certificate of Status	0
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## COVER LETTER.

TO:	Registration Sec Division of Corp		,	*
/** · Ph 1 F7 .		GAS STATION, LLC		
SUBJE(	C1:	Name of Limit	ed Liability Company	
The enc	losed Articles of /	Amendment and fec(s) are subn	nitted for filing.	
		ndence concerning this matter t		
		Stephen V. Hoffman, Esq.		
		- Marie III	Name of Person	
		Olive Judd, P.A.		
			Firm/Company	
		2426 East Las Olas Bouley	vard	
			Address	
		Fort Lauderdale, FL 3330	H	
			City/State und Zip Code	
		shoffman@olivejudd.com		
		E-mail address: (	to be used for future annual report not	HCAUDH)
For fur	ther information c	oncerning this matter, please ca	all:	
Steph	nen Hoffman		954 334-2250 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>≘</b> \$2	25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	ection
Registration Section Division of Corporations		Registration Se Division of Co		
	P.O. Box 632	27	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) hability Company)		
were filed on August 22, 2022	and assigned	
ility company here:		
lity Company," the designation "L1.C" or the a	bbreviation "L.L.C."	
5101 NORTH FEDERAL HIGHWAY	Ý	
BOCA RATON, FL 33487		
address on our records, enter the ne	me of the necreoisters	
address on our records, <u>enter the ne</u>	AUG 24	
	- 30 €	
Enter Florida street address	*ID: 32	
, Florida _	Zip Code	
	ility company here:  ity Company." the designation "LLC" or the n  5101 NORTH FEDERAL HIGHWAY  BOCA RATON, FL 33487  address on our records, enter the nat	

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Rcmove
			☐Change
			🗀 Add
			Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			□Change

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f amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note:	ive date, if other than the date of filing:  [Coptional]  [Coptional]
ord is f	August 23 V 2022
Dated	
	Signature of a member or authorized representative of a member
	Stephen V. Hoffman, authorized representative