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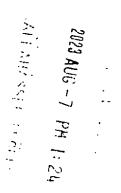
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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Oil ONE INT	ELCONTINENT AL ited Liability Company	, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RALP	H WUNDER Name of Person	<u></u>
	-	Intercontinental,	UC
	ρ. ο. ε	Box 95 Address	
	Na	Ples FL 3410 City/State and Zip Code	6
	Rolph C. W.	inder e ADL. CON	n
For further information of	concerning this matter, please ca	all:	
LALPH U	UUNDER of Person	at ( <u>202</u> ) <u>642</u> Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of T	[allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. L. L.

Oil One Inducon	tinental, LLE AUG-7 PM 1:34		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iability Company)		
The Articles of Organization for this Limited Liability Company v	were filed on June 13, 2023 and assigned		
Florida document number	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
Enter Florida street address , Florida			
·	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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
Ambl	DWAYNE K. DAVIS	7749 White Iteron Tra Alexanoria, VA 22306	
		HIEXANDRIA, VA 22306	U.5. XRemove
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an effectiv lote: If th	edate is listed, the da e date inserted in t	n the date of filing the must be specific as this block does not the Department of	nd cannot be prior t meet the applic	ddate of filing or able statutory fili	nore than 90 days	optional) after filing.) Pursu s, this date will n	uant to 605.020 ot be listed as
record sp I is filed.	cifies a delayed ef	Mective date, but ne	ot an effective ti	ime, at 12:01 a.m	on the earlier o	of: (b) The 90th	day after the
	July 28	3, 7023	. <del>2023</del>	<u>.</u> .			
ated		Signature of	a member or auth	orized representative	re of a member		<del></del>

EU: D COSO