(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	Priteshkumar P Patel		
	Fuel Stop 1 LLC	Name of Person	
	12302 Balm Riverview RD	Firm/Company	
	Riverview/FL-33579	Address	
	priteshppp42@gmall.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	tification)
For further information of Priteshkumar P patel	concerning this matter, please of	eall: 352 398-2713	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
₹1 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cartificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

Fuel Stop 1 LLC

TO:

Street Address:

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

FILED

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe	2023 SEP - 8 PM 2: 48
(A Florida Limited	Liability Company	DECRETARY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on _	SECRETARY OF STATE TALLAHASSEE, FL and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company l	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 :	addroce on our	recards anter the name of the new registers
agent and/or the new registered office address here:	addi C33 on oui	records, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office 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 agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance oprovided for in	of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
If Char	iging Registered A	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>	<u>Address</u>	Type of Action
AMBR	Priteshkumar P Patel	12302 Balm Riverview RD, Riverview, FL-33579	. ✓Add
			□Remove
			□Add
			□Remove
			[]Change
			□Add
		4933.3	
			[]Change
			□Add
		□Remove	
			☐Change
			□Add
		□Remove	
		-	□Change
			□Add
			□ □Remove
			[I]Change

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	09/01/2023
Effec	tive date, if other than the date of filing: (optional)
If an e <u>Note</u> :	ffective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dateo	09/08/2023
	M ho-ff
	Matri
	Agriculta Signature of a member or authorized representative of a member

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