## L24000057055

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

Office Use Only



500438111605

824 UC1 Z4 PM Z: 4

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: TANK	IERS FUELING S	DOLUTIONS LLC.	
	Amendment and fec(s) are sub	<u>-</u>	
	Tanners Fu	NER Name of Person  Lline Solutions Firm/Company	
	Dade City  Tonnersweineser  E-mail address:	Address  Address  City/State and Zip Code  which a Nacritoria, as in to be used for future annual report not	V
For further information co	ncerning this matter, please c	all: at (813 - ) 395 - 14	
Enclosed is a check for the	following amount:		
Ø\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ontion	Street Address:	ation

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

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

ANNERS TUELIN (Name of the Limited Liability C (A Florida Lin	Company as it now appears on our mited Liability Company)	NS LLC
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000657655</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS) N/D	2024 OCT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	سسم 🗘 ينيَ
		2: <b>L</b> I
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ince address on our records	, enter the name of the new registere
Name of New Registered Agent:	NIA	
New Registered Office Address:	N A Enter Florida stre	et address
	_N\A	FloridaNA

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

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
MGR	Alexandra Tonner	6350 Emerald DRIVE	<b>;\hat{\hat{\hat{\hat{\hat{\hat{\hat{</b>
		Dade City FL 33523	□Remove
		<del></del>	Пс
			□Add
			□Remove
			Change
<del></del>			□Add
			□ Remove
		<del></del>	□Change
			🗆 Add
		-	□Remove
			Change
			🗆 Add
			Change
			□Add
			□Remove
			□Change

Adding	AL	exandria	Teno	<u> </u>	as	0,	Mone	ME	With	<u>th</u>	۽ ب	<u>SAMA</u>	د
Adding charess	<u>e/2</u>	white	Ón	Fire	_(4	6 <u>35</u> 0_	Emercyd	dis	_d <u>e</u> d.	_citA	۶L	_335	<b>33</b> )_
·	<u>.</u>				<u>.</u>								
													<u>.                                    </u>
				···		· · · · · · · · · · · · · · · · · · ·	· ·		·				
				-	-							t.	20
											LLABAU	1	2024 001
								- <del>-</del> -		- <u>-</u> -	<del>- 6</del>	1	24 PI
	<del></del>							<del>-</del> -		<del></del>			PH 2: 4
												P	
ive date, if o ective date is lis If the date ins ent's effective	ted, the certed in	late must be s this block o	pecific and foes not a	i canno neet t	n be pr he app	ior to d Ticable					iling.)		
d specifies a d ed.	elayed o	effective dat	e, but no	an ef	Tectivo	e time,	at 12:01 a	.m. on th	e carlie	r of: (b)	The	90th (	day aft
10/3	3/208	<del>)\{</del>		· <u>-</u>	/9	<u>/</u>							
		1	ature of a	memb	er or au	thorize	d represent	ttive of a	member	<del>-</del>			<del></del>
							•						

Filing Fee: \$25.00