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COVER LETTER

Division of Co			
	E CAT ISLAND SERVICE ST	TATION LLC	53 m
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ALBERT ROLLE		
		Name of Person	
	LLC		
		Fim√Company	.
	417 SW 1 ST COURT		
	· · · · · · · · · · · · · · · · · · ·	Address	
	POMPANO BEACH FL 3	3060	
	SUNSHINECATISLAND.	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	भी:	
ALBERT ROLLE		954 865-4113 _ at ()	
Name o	of Person	at () Area Code Daytime '	Felephone 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		Street Address: Registration Sect	ion

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE CAT ISLAND SERVICE STAION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company of	were filed on $\frac{07/09/202}{}$	4 and assigned
Florida document number L24000305731		
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 Liability Liability Contains the words "Limited Liability Contains the words "Liability Contains the words "Liabil	ty Company," the designation	on "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)		
		<u> </u>
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 stree	address
	C':	, Florida Zip Code
	City	хұр ∪оае
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>	Name	Address	Type of Action
MGR	ALBERT ROLLE	417 SW 1ST COURT, POMPANO BEACH FL	33060 ■ Add
		<u></u>	□ Remove
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	re date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
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Filing Fee: \$25.00