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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: EXPRESS BUSINESS & TAX SERVICES INC Account Name

Account Number : I20220000138 Phone : (786)239-9353 : (305)675-8465 Fax Number

\*\*Enter the email address for this business entity to be used for future 

Email Address: AIMET@EXPRESSTAXSVCS.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAKESIDE PETRO LLC

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: 22

#### **COVER LETTER**

	Registration Se Division of Cor			
cun inc		E PETRO LLC		
SUBJEC'	1: <u></u>	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		MD LUTFUL IMAD		
			Name of Person	<del></del>
		LAKESIDE PETRO LLC		
			Firm/Company	<del> </del>
		2398 FL-70		
			Address	
		OKEECHOBEE, FL 3497	2	
		···	City/State and Zip Code	
		AIMET@EXPRESSTAXS		- FRILL S
For fuetho	r information o	email address: (	to be used for future annual report no	uncation)
		oncertuing this matter, prease c		
MD LUT	TFUL IMAD		786 484-6265 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
<b>\$25.0</b>	0 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)
_	<u>Iailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Co	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

Τo.

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAKESIDE PETRO LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L24000415733</u>	ny were filed on 10/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	3835 SEASIDE DR KEY WEST, FL 33040	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		RY OF
New Registered Office Address:	Enter Florida street address	STATE
	, Florid	ia
	City	Zip Code

#### 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 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
AMBR	MD Z HASAN	2333 W. MARTIN LUTHER KING JR BLVD	□Add
		FAYETTEVILLE, FL 72701	<b>≡</b> Remove
			[] Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	🗆 Add
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursus Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ecord is filed.  Dated  OCTOBER 03  2024  WID LAGUE Amad  Signature of a member or authorized representative of a member				
<u>te:</u> If the date inserted in this block	c does not meet the applicabl	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuant to 605.0 tents, this date will not be listed	0207 ( d as t
	ate, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	the
october 03	2024	,		
747 / //	1 1			

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Typed or printed name of signee