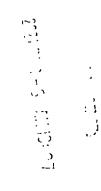
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Act of Inc. File LTD Partnership File Foreign Corp. File LC File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File Art. of Amend. File RA Resignation Dissolution / Withdraw al Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Fictitious Name Certificate of Status Certificate of Status Certificate of Fictitious Name Corp Revord Search Fictitious Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Requested by: UCC 10 a File UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Retrieval					
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Certificate of Fictitious Name					
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			·		Courier

COVER LETTER

	Registration S Division of Co			
SUBJEC	T·	SHANTA	m FUEL CLC	
SOBJEC	• • • • • • • • • • • • • • • • • • • •	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	um all correspo	ondence concerning this matter	to the following:	
		TALPA	Mame of Person	PATE
			Name of Person	
		Sim	THAM FUEC CC	
		1701	Gelf To Bay	Burn
			6470 E 33755	
		1132	City/State and Zip Code	
		E-mail address: (t	BE RICHT IZ & GIAGO o be used for future annual report notific	cation)
For further	r information c	oncerning this matter, please ca	dl:	
	NAZ.	Bochen	at (<u>\$iJ</u>) <u>'}/\$' \$//</u> Area Code Daytime '	' 7
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne 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)
_	lailing Addres		Street Address:	
	egistration Solvision of C		Registration Section Division of Corporation	
P	.O. Box 632	7	The Centre of Ta	llahassee
Т	allahassee, I	FL 32314	2415 N. Monroe : Tallahassee, FL 3	*

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SHIP TAIN Liability Company as Florida Limited Liabil	it now appears o	CCC n our records.)	
The Articles of Organization for this Limited Lial Florida document number \(\frac{127000}{50} \)	bility Company were	e filed on	12/01/202	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Co	ompany," the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		_	120 12
(Principal office address MUST BE A STREET	ADDRESS)			 -1
		 	 .	
				တ်
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>
				<u>.</u>
B. If amending the registered agent and/or regagent and/or the new registered office address i	istered office addre <u>nere</u> :	ss on our recoi	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
		iņ [,]	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			

<u>N</u>

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

Title	Name	Address	Type of Action
MGL	RAJEN BAPI AMIN	1701 Eux To Bay Buch	<u>,</u> j a Add
		CLAMPURTOR KE 35755	Петоче
			□Change
	·		_ 🗆 Add
			_ □Remove
			_ C)Change
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Effecti If an eff	ive date, if other than the date of filing:(optional) ective 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 605.0207
Hote.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	six a critecia to date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fil	ed.
Dated.	12.5. 2011
	TARAN MANAGER K. Mar
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member THE PAR INCHES DES KUNDE PATEL Typed or printed name of signee

Filing Fee: \$25.00