Division of Corporations

Florida Department of State Divisiemof Contarations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAS STATION SANTANDER LLC

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAS STATION SANT	TANDER LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company L22000225877 L22000225877		05/05/0000	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	lesignation "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 agent and/or the new registered office address here:	address on our r	ecords, <u>enter the na</u>	me of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	, Florida		
	City	, , , , , , , , , , , , , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity. I further a	igree to comply wit

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>	<u>Name</u>	Address	Type of Action
MGR	OSCAR ENRIQUE ALVAREZ ASCANIO	CARRERA 14 N 33-26 GARCIA ROVIRA	🗆 Add
		BUCARAMANGA, COLUMBIA	
			🗔 Change
			🗀 Add
			Remove
			[Change
			□Add
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			Change
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			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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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.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 document's effective date on the Department of State's records.	i05,0207 (3 isted as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a cord is filed.	fter the
Dated June 14th 2022	
Ashler Perkins	
Signature of a member or authorized representative of a member	
Ashley Perkins, Attorney-in-Fact	
Typed or printed name of signee	