118000262589

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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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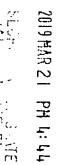
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COVER LETTER

	egistration Sec vision of Corp			·		
SUBJECT		TANI INVESTMENT LLC				
	·		ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retu	m all correspon	ndence concerning this matter	to the following:			
		GAURAV BUTANI				
			Name of Person			
			Firm/Company			
		2451 BRICKELL AVE, UNIT PHE				
			Address	. 19.00		
		MIAMI FL 33129				
	•	GBUTANI@GMAIL.COM	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	leation)		
For further	information co	oncerning this matter, please ca	all:			
GAURAV	BUTANI		646 515-5101			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



JONES BUTANLINVESTMENT LLC

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

		一
The Articles of Organization for this Limited Li Florida document number L18000262589		8 and assigned
This amendment is submitted to amend the folk	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
BLUE OCEAN RECYCLING LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/	or registered office address on our r	
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/	or registered office address on our r	
Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/	or registered office address on our r	
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	Or registered office address on our ratice address here:	ecords, enter the name of the
(Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/or the new registered of Name of New Registered Agent:	or registered office address on our r	ecords, enter the name of the
	Or registered office address on our ratice address here:	ecords, enter the name of the

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

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D OF Last	day if allow they the day of Clima
lf an effi Note:	e date, if other than the date of filing:
ne rec	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	Oth day after the record is filed.
Dated	larch 18, 2019
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00