L11000003480

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2014 HAR 12 AM 11: 24 SECRETARY OF STATE

MAR 14 2013 T. HAMPTON

COVER LETTER

TO: **Registration Section Division of Corporations** Affordablecontainersnow.com, LCC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Arturo Oliva Name of Person Affordablecontainersnow.com, LLC Firm/Company 13672 72 Ct N Address West Palm Beach, Fl City/State and Zip Code artoliva@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Arturo Oliva Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anordablecontainershow.com		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 1/10/2011	and assigned
Florida document number L11000003480	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Tankgo.com, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	RESS)	
	TAL	ZOIH HAR
	TALL A	
Enter new mailing address, if applicable:	HA	
5 , 11	——————————————————————————————————————	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
(Mailing address MAY BE A POST OFFICE BOX)	(17)	
B. If amending the registered agent and/or regi	istered office address on our records, <u>enter</u> dress here:	the name of the new
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
		-		
			Add	
			☐ Remove	
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			SECHETARY D'Add Remove	
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			24 RIDA	
			□ Add	
			☐ Remove	
			□ Remove	

If amending any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the da (The effective date must be specific, cannot be the date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days after
Dated February 12	
	Catural Our
Arturo Oliva	gnature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

SEGREDARY OF STATE TALLAHASSEE FIRME.