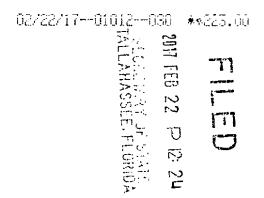
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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	·)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	f Status		
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D. BRUCE FEB 23 2017

COVER LETTER

TO: Registration So Division of Co			
	AR TANKB, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MOSHE SCHWARTZ		
		Name of Person	
	BLUE STAR TANKB, LI	.C	
		Firm/Company	
	2390 NE 172 STREET		
		Address	
	NORTH MIAMI BEACH	, FL 33160	7.02
		City/State and Zip Code	2011 FEB
	MOSHE@UTIFL.COM		in G
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	
MOSHE SCHWARTZ		305 4664443 at ()	e Telephone Number
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF BLUE STAR TANKB, LLC

	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L12000048810}{L12000048810}$.	were filed on 4/10/12 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	2390 NE 172 STREET			
	NORTH MIAMI BEACH, FL 33160			
Enter new mailing address, if applicable:	2390 NE 172 STREET			
(Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, FL 33160			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Registered Agent:	, Florida			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add Add Remove
			Change City
	·		P PR 21
			□ Remove
			□ Change
			□ Add
			Remove
			Change

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(If an effec Note: If	e date, if other than nive date is listed, the date if the date inserted in thi nt's effective date on the	must be specific an s block does not	d cannot be prior meet the applic	able statutory fii	more than 90 days at	otional) fter filing.) Pursu this date will no	ant to 605 of be liste	.0207 (3)(ed as the
	ord specifies a dela 90th day after the i			t an effective	e time, at 12:01	l a.m. on th	e earlie	er of:
Dated 2/	/13		. (2017)					
			10	3				
		Signature of a	member or auth	brized sepresentati	ve of a member			
		ΓZ						

Page 3 of 3

Filing Fee: \$25.00