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COVER LETTER

Division of Cor	rporations			
Tank 151 I	LC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ryan Malkin			
		Name of Person		
	Malkin Law PA			
		Firm/Company		
	350 Lincoln Road			
		Address		
	Miami Beach, FL 33139			
		City/State and Zip Code		70 =
	rmalkin@malkinlawfirm.co	om to be used for future annual report notifica	tion)	ALCO SECON
For further information of	concerning this matter, please c	·	,	EN L
Ryan Malkin		212 600-5828 at ()		-3 PP
Name o	of Person	Area Code Daytime To	elephone Number	LOSUD STATE
Enclosed is a check for t	he following amount:			T ~
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	t ADDRESS:	

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

TO:

Régistration Section

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

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

Tank 151 LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company	were filed on 9-26-2016	and assigned
Florida document number L16000179061		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Tank 51 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registered o	ffice address on our records, g	enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	Z SA 6
Name of New Registered Agent:		
New Registered Office Address:		SSET 3
	Enter Florida street address	
	, Floric	da <u> </u>
	City	Aip Gode
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u> Fitle</u>	Name .	Address	Type of Action
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Filing Fee: \$25.00