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SEP OF MET J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
4:11D 1D	Age of aqua			
SURJEC	CT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ndence concerning this matter	to the following:	
		Frank N Berrin		
			Name of Person	
		Tank Goodness LLC		
			Firm/Company	
		7483 SW 82nd Street Apt.	A307	
			Address	
		Miami Florida 33143		
			City/State and Zip Code	
		Fberrin@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Frank B			305 4969921 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>(ds.</u>)
he Articles of Organization for this Limited Liability Company lorida document number 1.17000149402	were filed on 7-12-17	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company bere:	
ank Goodness LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	8901 SW 78th Court	- ta
Principal office address MUST BE A STREET ADDRESS)	Miami Florida 33156	T S T
		Total Tota
		分: の !
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
runing dudress MAT DE ATOST OFFICE DOX		<u>ှံ</u> ဟ
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		ds, <u>enter the name of th</u>
New Registered Office Address:	Enter Florida street addr	ess
		ress Florida Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			Add
			□ Change
			□ Addd
			□ Remove
			□ Change

Frank Berrin Typed or printed name of signee (optional) (option	, , ,		
Tective date, if other than the date of filing: 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 605.0207 dogs: If the date insperted in this block does not meet the applicable statutory filing requirements, this date will not be listed as scument's effective date on the Department of State's records. The 90th day after the record is filed. 3017 Signature of a member or authorized representative of a member Frank Berrin Typed or printed name of signee			
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