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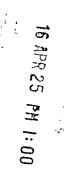
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	RSM RIGG	ER LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Randolph S McDannell		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		RSM Rigger LLC		
			Firm/Company	
		1525 South Ocean Drive		
		Address		
		Ft. Lauderdale, FL. 33316		
		randy@naturedetailed.com	City/State and Zip Code	14. 15. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1
		E-mail address: (i	to be used for future annual report notifi	cation)
For further i	nformation co	ncerning this matter, please ca	all:	
Randolph S	. McDannell		415 656 9306	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00 1	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

TO ARTICLES OF ORGANIZATION OF

RSM RIGGER LLC	·		
(Name of the Lim	ited Liability Cor (A Florida Limit	npany as it now appears on our reced Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number	Liability Compa	any were filed on April 13, 20	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	iability company here:	
RSM RIGGING LLC			
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	··
Principal office address MUST BE A STRE	ET ADDRESS	<u></u>	
Inter new mailing address, if applicable:		NA	
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)		<u></u>
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
			R 25
If amending the registered agent and egistered agent and/or the new registered or and/or the new rea			ords, enter the name of the
Service and the first to the fi	THEE HOULESS I	<u>ici C</u> .	, mar
Name of New Registered Agent:	NA		00 : I
New Registered Office Address:	NA		·
		Enter Florida street a	ddress
			, Florida
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
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			6 1 P 2 5 5
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00