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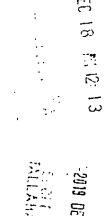
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T. LEMIEUX

DEC 5 0 2018

COVER LETTER

MARINMAC, LLC

TO: **Registration Section** Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	STACY SMALL		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SMITH THOMPSON SH	AW	
		Firm/Company	
	3520 THOMASVILLE RO	OAD - 4TH FLOOR	
		Address	·
	TALLAHASSEE, FL 323	09	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
STACY SMALL		850 893-4105	
Name (of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Cupy (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RINMAC, LLC		
(Name of the Limited Liability C (A Fiorida Lin	ompany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on04/14/20	15	and assigned
Florida document number L15000071383	-		
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited	liability company here:		
hu nau		3.	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" rer the	
Enter new principal offices address, if applicable:		<u>}</u>	
Principal office address MUST BE A STREET ADDRES.	S)	83	n
		<u> </u>	3
			<u> </u>
inter new mailing address, if applicable:			हिं 🗇
Mailing address MAY BE A POST OFFICE BOX)			***
ENTOST OFFICE BOX		<u>.</u>	
If amonding the second		·	
 If amending the registered agent and/or registered off gent and/or the new registered office address here; 	fice address on our records,	enter the nar	ne of the new regist
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street	address	
		_, Florida	
	City	"' v.ioi ius	Zin 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 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOHN MARINELLO, JR.	5806 NW 126 TERRACE, CORAL SPRINGS, FL	DAdd
			Remove
			[]Change
MGR	DEBORAH MARINELLO	5806 NW 126 TERRACE, CORAL SPRINGS, FL	□Add
			= Remove
			□Change
			DAdd
			□Remove
			□Change
-			□Remove
			Change
			DbbA⊡
			□Remove
			Change
			□Add
			□Remove
			Change

25. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
Effective date, if other that (If an effective date is listed, the d. Note: If the date inserted in document's effective date on	an the date of filing:
he record specifies a delayed e ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated DECEMBER 9	2019
	Alm Marinella &
	Signature of a member or authorized representative of a member
	JOHN MARINELLO, JR.
	Typed or printed name of signec

Filing Fee: \$25.00