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(Address)							
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(Business Entity	y Name)						
(Document Number)							
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## COVER LETTER

	gistration Se ision of Cor				
SUBJECT:	RJR Poseidon, LLC				
audicer.		Name of Limi	ited Liability Comp	ny	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Kim Adams			
			Name of Pe	rson	
		Black Lion Investment Gro	oup, Inc.		
			Firm/Comp	any	
		1180 S. Beverly Drive, Sui	te 700		
			Address	_	
		Los Angeles, CA 90035			
			City/State and Z	ip Code	
		kim@blacklionig.com			
				dannual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:		
Kim Adams			424 at (	284-7784	
	Name of	f Person	Area C	ode Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Fili Certified ( (additional c		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:			TREET/COURIE		
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Registration Section Division of Corpora	
			(	ifton Building	
				2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company at it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on November 18, 2015 and assigned for this amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or t

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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 **Title** Name **Address** Type of Action Joseph Rivani Manager 1180 S. Beverly Drive, Suite 700 □ Add Los Angeles, CA 90035 **■** Remove ☐ Change □ Add \_□ Remove □ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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ective date, if other than th	e date of filing:			(optional)	
n effective date is listed, the date mage:  If the date inserted in this learners's effective date on the	block does not meet the	applicable statute	ing or more than 90 ory filling requiren	days after filing.) Pursi nents, this date will r	uant to 605.02 not be listed
record specifies a delaye The 90th day after the re		out not an effe	ctive time, at	12:01 a.m. on th	ne earlier
ed January 9	2018	3			
	12				
	Signature of a member	or authorized repres	entative of a memb	er	
Dokum Dismat Ma		ľ			
Robert Rivani, Manag	CI	I			

Page 3 of 3
Filing Fee: \$25.00