L17000094221

(Request	or's Name)
(Address)
(Address)
(City/Stat	re/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Division of C	Section Corporations		
Marine SUBJECT:	LLC		
SUBJECT:	Name of Lin	nited Liability Company	Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	of Amendment and fee(s) are sub		
	Eric Rayman		
		Name of Person	·
	Eric Rayman P.A.		
		Firm/Company	
	615 NE 3rd Avenue		
		Address	
	Fort Lauderdale, Florida 3	3304	
		City/State and Zip Code	
	eric@lawhelpflorida.com	to be used for future annual report notif	
For further informatio	n concerning this matter, please c	•	ication
Eric Rayman		954 525-9995 at ()	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
MA	ILING ADDRESS:	STREET/COURU	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on April 27, 2017	and assigned
Florida document number L17000094221		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
RJ Enter, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		7
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B. If amending the registered agent and/or registered of	office address on our records, enter	the name of the nev
registered agent and/or the new registered office address he	<u>re</u> :	1.9 3
		50 3
Name of New Registered Agent:		差至 6 5 111
The state of the s		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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 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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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ective date, if other than the effective date is listed, the date in	ne date of filing:			_ (optional)		
te: If the date inserted in this	block does not meet the	e applicable statut	filing or more than 90 tory filing requirem	days after filing.) Pur ents, this date will	suant to 605.0 not be listed	207 I as
ument's effective date on the	Department of State's	records.				
record specifies a delay	ed effective date	but not an effi	active time at 1	12:01 a.m. on:	the earlier	- of
he 90th day after the re	cord is filed.	sac not an ent	ceave anne, ac i	2.01 (011	ine currier	U,
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Filing Fee: \$25.00