117000190365

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Rogan Inte	rnational.ĻLC			
UDJEC P#	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Edward J McDonald III			
		Name of Person		
	Rogan international, LLC			. •
		Firm/Company	-	2
	3689 Quail Run Rd			SECRETARY DIVISION OF CU
		Address		10V - 937 F
	Gull'breeze FL, 32563			RY OF S
	e.mcdonald17(&yahoo.com	City/State and Zip Code		S. I
	E-mail address: (to be used for future annual report notifi	ication)	co &
or further information c	oncerning this matter, please ca	મી!:		
Edward McDonald		228 3428873		
Name o	f Person	at () Area Code Daytime	Telephone Number	
nclosed is a check for the	ne 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 Filin Certificate of Certified Contact (additional contact)	of Status & py
Mailing Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rogan International LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9/18/2017}{1}$ and assigned lorida document number _L17000190365 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: EDWARD MARITIME, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccpt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Add
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\underline{z} If the date inserted in this block	be specific and cannot be prior to date of filing or me ik does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.01 g requirements, this date will not be listed
ment's effective date on the Dep	artment of State's records.	
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