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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RK Maritime Agencies LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Menson Charles Name of Person	
Firm/Company	
3164 NW South Riv	er Dr.
Miami FL 33143 City/State and Zip Code Kenson. Charles & ya E-mail address: (to be used for future annual report	hac. Com
For further information concerning this matter, please call:	
Kenson Charles at (404) 46 Name of Person D	24-2431 aytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Addres	SS:

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

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

RK MARITIME	AGENCIES LLC
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 20000142 977</u> .	pany were filed on May 26, 2020 and assigned
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 I	Liability Company." the designation "LLC" or the abbreviation "LLC."\
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	5)
	
Enter new mailing address, if applicable:	3164 NW SOUTH River Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33142
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	. 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

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>	<u>Name</u>	Address	Type of Action
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		·	□Remove
			Change
			□Add
			□Remove
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Note:	nent's effective date on the Depar	rtment of State's i	records.			
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Page 3 of 3

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