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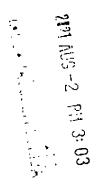
(Requestor's Name)
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Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
633D 1E4	T.R.P. MAI	RINE CONSULTING, LLC				
SOBJE	CT:Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		DAVID W KANTER				
			Name of Person		_	
		T.R.P. MARINE CONSUI	LTING. LLC			
			Firm/Company			
		5709 16TH AVE SOUTH				
			Address			
		GULFPORT, FL 33707				
		City/State and Zip Code				
		E-mail address: (to be used for future annual	report notification)	_	
For furt	her information c	oncerning this matter, please c	all:			
DAVID	W KANTER		727 269	5-2750		
	Name o	f Person	at () Area Code	Daytime Telephone Numl	ber	
Enclose	d is a check for t	he following amount:				
■ S25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certifi losed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Mailing Address Registration		<u>Street Ac</u> Registr	ddress:		
	Division of C	Corporations	Divisio	n of Corporations	•	
	P.O. Box 632	7	The Ce	ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.R.P. MARINE CONSULTING, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our recormited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 10/13/2020	and assigned
lorida document number L20000323946		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		AUS
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
		<u>;;</u> 0
3. If amending the registered agent and/or registered o igent and/or the new registered office address here:	ffice address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	iss
	, F	lorida
	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 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
MGR	RAYMOND R RODRIGUEZ	5322 16TH AVE SOUTH	
		GULFPORT, FL 33707	■Remove
			□Change
			□Add
			□Remove
			CChange
			Add
			∏Remove
			∠S Change
			
			□Remove
			□ Change
			□Add
			□ Change
			□Add
			□Remove

	
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ective date, if other than the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605,020
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is filed.	
ted $30/TUL/2/2021$.	
Matter,	

Typed or printed name of signee