L2000032417

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Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Rei	ns Marine Ce	ON Sulting, LLC	
	Name of Lim	ited Liability Compeny	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Hols	Per Reins Name of Person	
	Rei	ns Marine Cons Firm/Company	rulting, LLC
		O Tradition Dr. Address	ive
	<u>Jad</u>	City/State and Zip Code S CO17 Sill + 145 Be to be used for future annual report notified.	3525
	Kein. E-mail address: (SCONSILL FILES DE	O'Cl · ClOLV) fication)
For further information cond	cerning this matter, please ca	all:	
Holger Name of Pe	Reins	at (8/3) 469 Area Code Daytime	7491 c Telephone Number
Enclosed is a check for the t	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	ction	Street Address: Registration Sec	ction

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

	ne Consulting, LLC	_
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on bur records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L 2000032417</u> .	pany were filed on <u>DCF, 13, 2020</u> and a	issigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability 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	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	fice address on our records, enter the name of the n	E U
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Coo	le

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	Holser Reins	12430 Tradition Dr. Dade dity, FL 33525	□Add
		Dade arty, FL 33320	□Remove
			Change
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			2001 Change NOV 201 AM
			
			Remove
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tive date, if other than the diffective date is listed, the date must	be specific and	cannot be prior to		nore than 90 d		g.) Pursuant to 60
If the date inserted in this blooment's effective date on the Dep			e statutory filii	ng requireme	ents, this date	e will not be lis
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ord specifies a delayed effective	date, but not a	an effective time	, at 12:01 a.m.	on the earlie	erof:(b) T	he 90th day afi
filed.						
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