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(Re	questor's Name)	
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2021 JULY 15 PH 2: 39

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

CUBICT.	R. MARINE TECH LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		RAUL, FIGUEROA Name of Person	_		
		R.MARINE TECH LLC Firm/Company			
	8870 NW 36TH ST, APT 3322 Address				
	D	ORAL FL 33178			
	RAULMI	City/State and Zip Code NGOFIGUEROA@HOTMAIL.COM to be used for future annual report notification)	_		
For further information of	E-mail address: (concerning this matter, please c				
	FIGUEROA	at ()6724951	2021 JULY 15		
Name o	f Person	Area Code Daytime Telephone Nur	$\frac{1}{1}$		
Enclosed is a check for the	he following amount:		PH 2		
□X\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee. (5) ficate of Status & fied Copy ional copy is enclosed)		
Mailing Address Registration 9		Street Address: Registration Section			
Division of C	Corporations	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.MARINE TECH LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on ability Company)	our record <u>s.</u>)			
The Articles of Organization for this Limited Liability Company vi Florida document numberL21000013801	were filed on	01/01/2021	ar	nd assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	ation "LLC" or the	abbreviati	on "L.L.	<u></u>
Enter new principal offices address, if applicable:		<u>. </u>			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, <u>enter the na</u>	me of th	e new	registered
New Registered Office Address:			<u></u>	ZI J	Pitt
New Neglatered Office Nauresa.	Enter Florida s	treet address	;;	::3:2	- :
		, Florida	<u>.</u>	Ö:	٠
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Agent:				$i\ddot{\phi}$	أبعدا
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my rovided for in Chap	duties, and Lan eter 605, F.S. O	i familio r, if this	ir with docum	and ient is

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
AMBR	MEJIAS, HORACIO	8870 NW 36TH ST, APT 3322 DORAL FL 33178	□Add
			[]Kemove
			□Change
		 	□Add
			□Remove
			□Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	filing or more than 90 days afte		• • • • • • • • • • • • • • • • • • •
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.	:01 a.m. on the earlier of: (b) The 90th d	ay after th
ted 05/26 . 2021			

Filing Fee: \$25.00