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(Re	equestor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Red	Hina Marine Name of Lim	Services LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Medding Name of Person Tarine Services L. Firm/Company	LC	
	2008 N19	St Unit 213 Address		
		33605 City/State and Zip Code Rading Manine Sent to be used for future annual report notifi	nices (coming	2021 HGV
For further information co	oncerning this matter, please c	all:	: ,`-,	3 · · · · · · · · · · · · · · · · · · ·
Ryke R 7 Name of	Reding Person	at $(\frac{\Pi \Pi}{\text{Area Code}})$ $\frac{413}{\text{Daytime}}$	Telephone Number	PH 12: 118
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy radditional copy is encl	
Mailing Address	<u>s:</u>	Street Address:		

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

(A Florida Limited L	is as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	were filed on Tan. 25 th , 2021 and assigned
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 Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	2008 N19th St Unit 213
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL, 33605
Enter new mailing address, if applicable:	2008 N19th St Un.4 213
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL, 33605
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City : Zip Code
New Registered Agent's Signature, if changing Registered Agent:	্ নু

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory fil cument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 60	- 05.0 tec
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	i, on the earlier of: (b) The 90th day aft	er the
-1		
ned November 23rd . John.		
aula milli		
- WIN VIC WILLIAM		
Signature of a member or authorized representati	ve of a member	