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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **J2 MARINE LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J2 Marine LLC		- <u>-</u>
(Name of the Limited Lial (A Flor	pility Company as it now appears on or rida Limited Liability Company)	and assigned and assigned
tv s m	ida Emilieu Elasinty Company)	프 연
The Articles of Organization for this Limited Liability	Company were filed on $\frac{08/16/200}{2}$	and assigned C
Florida document number L21000366705		ي د
This amendment is submitted to amend the following:		and assigned 7 AM 10: 1
A. If amending name, enter the new name of the li	mited liability company here:	<u> </u>
J2 E4 LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.LC."
Enter new principal offices address, if applicable:		
•	D.B.C.CC	
(Principal office address MUST BE A STREET ADI	OKESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stro	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my du agent as provided for in Chapte red office address, I hereby con	ities, and I am familiar with and or 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature 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

Title	Name	Address	Type of Action
			OAdd
			□Remove
			□Change
**			①Add
			□Rema Re
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			ONPONA CONTRACTOR OF SAME
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		·	18-18-18-18-18-18-18-18-18-18-18-18-18-1	
ffective date, if other than the im effective date is listed, the date must inte; If the date inscribed in this blocument's effective date on the December 1.	ock does not meet the applical	ole statutory filing requireme	nts, this date will not be liste	0207 (3) ed as the
record specifies a delayed effective is filed.	e date, but not an effective tim	ec, at 12:01 a.m. on the earlie	r of: (b) The 90th day after	the
August 17th	. 2021			
	-TA			
	Signature of a member or author	zed representative of a member		

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