

L18000192923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

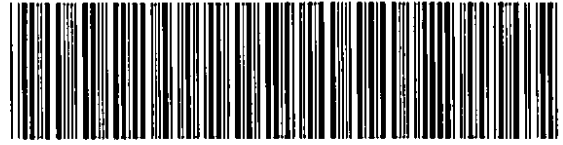
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 28 2018

SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZING OUTDOORS RV RENTALS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVAMANI FRANCIS
Name of Person

AMAZING OUTDOORS RV RENTALS LLC
Firm/Company

1601 FRUITWOOD DR
Address

CLEARWATER FL 33756
City/State and Zip Code

amazingoutdoorsrvrentals@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEVAMANI FRANCIS at (321) 277-1562
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMAZING OUTDOORS RV RENTALS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/13/18 and assigned Florida document number L18000192923

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

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STATE OF FLORIDA
TALLAHASSEE

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 on our records, enter the name of the registered agent and/or the new registered office address here:

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:

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

Title	Name	Address	Type of Action
AMBR	GANGADHAR IYER	2 JUBILEE COURT	<input checked="" type="checkbox"/> Add
		BRAMPTON	<input type="checkbox"/> Remove
		ONTARIO L6S2H2	<input type="checkbox"/> Change
AMBR	AUGUSTINE MATHIAS	2486 SPROUCE	<input type="checkbox"/> Add
		MISSISSAUGA NEEDLE DR	<input type="checkbox"/> Remove
		ONTARIO L5L1M6	<input type="checkbox"/> Change
AMBR	DEVAMANI FRANCIS	1601 FRUITWOOD DR	<input type="checkbox"/> Add
		CLEARWATER	<input type="checkbox"/> Remove
		FL 33756	<input checked="" type="checkbox"/> Change
Dir	Shiva Iyer	2 Jubilee Ct	<input type="checkbox"/> Add
		Brampton on	<input checked="" type="checkbox"/> Remove
		L6S2H-2 CA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 ST. CLAIR COUNTY CLERK
 FALLS CHURCH, VA
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08/21/18

Signature of Devamani Francis

Signature of a member or authorized representative of a member

DEVAMANI FRANCIS

Typed or printed name of signee

FILED 18 AUG 22 AM 10:09 DEPARTMENT OF STATE