

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	(03/10/202	22	
			Acc# 201	60000072	a: DW
Name:	RV R	etailer, L	LC	<u> </u>	
Document #:				·	_
Order #:	1411	8129			
Certified Copy of Arts & Amend:					
Plain Copy:	1	l-2 Filii	ng Ame	endment	t 1st - Registration 2nd
Certificate of Good Standing:					
Certified Copy of					
Apostille/Notarial		·	Country of D	estination:	
Certification:			Number of C	erts:	
Filing: 🗸		ertified:	<u> </u>]
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Availability]	<u> </u>			7
Document		Amount: \$	55.00		
Examiner	_		-		
Updater					
Verifier					
.W.P. Verifier Ref#					
	_		(
			(Thank	you!)	

COVER LETTER

TO:			Section Corporations				
SUBJE	CT:	RV Ret	ailer, LLC				
			Name of Foreig	gn L	imited Liab	ility Cor	mpany
Dear Si	ir or N	4adam:					
The end	closed	applic	ation, certificate and fee(s)	are	submitted t	for filing	
Please	return	all cor	respondence concerning th	is m	atter to the	followin	g:
Martha 3	Sherry					_	
			Name of Person				
Martha 3	Sherry					_	
			Firm/Company				
155 N. V	Wackei	Dr.			· -· -· -· -	_	
			Address				
Chicago	, IL 60	606					
			City/State and Zip Cod	e		-	
E-ma	ail add	lress: (t	o be used for future annua	l rep	ort notifica	tion)	
For furt	ther in	iformat	ion concerning this matter,	ple	ase call:		
Martha !	Sherry			at	(312	407-07	00
	-	Nam	e of Person	_	Area Code	& Dayti	ime Telephone Number
	Regis Divis P.O.	sion of Box 63	Section Corporations			Division The Cer 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303
□\$25 I	Filing	Fee	a check for the following ☐ \$30 Filing Fee & Certificate of Status		ount: \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Depa	rtment of			
State: RV Retailer, LLC					
Enter new principal office address, if applicable:	301 East Las Olas Blvd., Ste. 700				
(Principal office address	Fort Lauderdale, FL 33301				
MUST BE A STREET ADDRESS)		00	70.5		
	***************************************		3		
Enter new mailing address, if applicable:	301 East Las Olas Blvd., Stc. 700		-		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301	<u> </u>)		
			:		
2. The Florida document number of this limited lia	ability company is: M18000006588				
3. Jurisdiction of its organization: Delaware					
4. Date authorized to do business in Florida: 07/10	0/2018				
SECTION 11 (5-9 complete only the applicable	changes)				
 New name of the limited liability company: R. (mus 	VR Intermediate Holdings, LLC t contain "Limited Liability Compar	ıy. ""L.L.C.," or "LLC.")	'		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mainust contain "Limited Liability Company," "L.L.C.	naging members adopting the alterna	ess in Florida and attach a ate name. The alternate nar	пе		
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, <u>en</u> ddress here:	ter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida Str	unt teldense			
	City	Florida			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity, and complete performance of my du ered agent as provided for in Chapt in the registered office address, I he	ities, and Lam familiar witi er 605. F.S. Or, if this	h		

If Changing Registered Agent, Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
<u> </u>			□Add	
			□Remov	
			□Add	
			□Remov	
			20 DA	
			□Remov	
	_			
			□Add	
aforementioned am	icate. if required: no more than 90 day endment(s), duly authenticated by the he law of which this entity is diganize Signifure of the John F. Rizzo	official having custody of records in	□Remov	

Filing Fee: \$25.00

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'RV RETAILER, LLC',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'RVR

INTERMEDIATE HOLDINGS, LLC' ON THE FOURTH DAY OF FEBRUARY, A.D.

2021, AT 4:06 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIFTH DAY OF FEBRUARY, A.D. 2021 AT 7 O'CLOCK A.M.



Authentication: 202872932

Date: 03-09-22