

LO200000 9021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

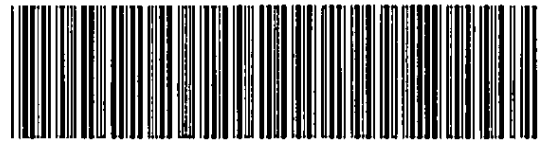
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 16 2020

2019 DEC 17 PM 5:09

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RVS Pea Ridge, 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:

Tobi Greeman

Name of Person

RVS

Firm/Company

PO Box 908

Address

Meridian, ID 83680

City/State and Zip Code

tgreeman@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tobi Greeman

760

458-8609

at (_____) _____

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

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RVS Pea Ridge, LLC

The Articles of Organization for this Limited Liability Company were filed on 04/11/2002 and assigned Florida document number L02000009021.

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

Enter new principal offices address, if applicable:

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ.

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------|---|
| VP | Robert Stunkel III | 4 Country Rd West | <input checked="" type="checkbox"/> Add |
| | | Boynton Beach, FL 33436 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Ryan Stunkel | 4 Country Rd West | <input checked="" type="checkbox"/> Add |
| | | Boynton Beach, FL 33436 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Sally Stunkel | 4 Country Rd West | <input checked="" type="checkbox"/> Add |
| | | Boynton Beach, FL 33436 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | Elizabeth Stunkel | 4 Country Rd West | <input checked="" type="checkbox"/> Add |
| | | Boynton Beach, FL 33436 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

December 13, 2019

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.

Dated December 13, 2019

Signature of a member of _____

Signature of a member or authorized representative of a member

Robert V Stunkel

Typed or printed name of signee