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COVER LETTER

то:	Registration Se Division of Cor			
		Palm Beach LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The ei	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Tobi Greeman		
			Name of Person	
		RVS		
			Firm Company	
		PO Box 339		
			Address	
		Bigfork, MT 59911		
			City/State and Zip Code	
		tgreeman@gmail.com	to be used for future annual report notif	St
For fu	other information c	oncerning this matter, please c		(Cattori)
Tobi	Greeman		760 458-8609	
	Name o	f Person	at ()	e Telephone Number
Englo	sed is a check for th	he following amount:		
S \$1	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. Bux 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

RVS Royal Palm Beach, LLC		
(<u>Same of the Limited Liabili</u> (A Florda	ty Company as it now appears on our records.) i Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1.02000034680	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Luability Company." the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	SECR ISION
		
		5 PM 3:
Enter new mailing address, if applicable:		Pa 790 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing address MAY BE A POST OFFICE BOX)		26
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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.

II Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
VP	Elizabeth Stunkel	4 Country Rd West	⊒ Add
		Village of Golf, FL 33436	□ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
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			☐ Change
			Add
			□ Remove
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ective date, if other than the	data of filing	August 13,	2018		(opti	onal)		
effective date is fisted, the date inus	the specific and	Feannot be prior	to date of fil	mg or more th	in 90 days after	"Johng.) Pursuai		
(e) If the date inserted in this blo ument's effective date on the Di			able statute	ry filing requ	iirements, thi	s date will not	, be liste	zd .
record specifies a delayed	l effective d	date, but no	t an effe	ctive time,	at 12:01 a	a.m. on the	earlie	er
he 90th day after the reco	ord is filed.							
		2018						
Amoust 18								
ed August 18								
ed August 18	151	-//	<u> </u>					
Lun	Signature of a 1	nember or auth	onzed repres	entative of a r	sember			

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Filing Fee: \$25.00