L0200034680

(Requestor's Name)
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2019 CEC 17 PH 4: 57

R. WH!TE

COVER LETTER

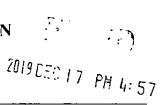
TO:	Registration Se Division of Cor			
SUBJE	RVS Royal	Palm Beach, LLC		
301,01	·	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Tobi Greeman		
			Name of Person	
		RVS		
			Name of Limited Liability Company It and fee(s) are submitted for filing. It	
		PO Box 908		
			Address	-
		Meridian, ID 83680		
			City/State and Zip Code	
		tgreeman@gmail.com		
			·	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Tobi G	reeman			
*	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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



RVS Royal Palm Beach, 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	•	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 li	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or re registered agent and/or the new registered office a 	• •	enter the name of the i
	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Robert Stunkel III	4 Country Rd West	
		Boynton Beach, FL 33436	Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
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			☐ Change

				
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ective date, if other than the	Decen	nber 13, 2019	(4 ¹ 1)	
ective date, if other than the effective date is listed, the date mus te: If the date inserted in this blo	i de specific and carmoi de	prior to date or titing or	(optional) more than 90 days after filing.	Pursuant to 605.02
nument's effective date on the De			ng requirements, this date	will not be fisted
record specifies a delayed	effective date by	t not an effective	time at 12:01 a.m.	on the earlier
he 90th day after the rec		it not an enective	time, at 12.01 a.m.	on the earner
, December 13	2019			
ed Determent		·		
V 187	1			

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Typed or printed name of signee

Filing Fee: \$25.00