

LO4000045542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 DEC 17 PM 5:02

R. WHITE  
JAN 16 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RVS Chickasaw, 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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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(b) **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

*Ron Stoll*  
Signature of a member

Signature of a member or authorized representative of a member

Robert V Stunkel

Typed or printed name of signee