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(Red	questor's Name)	
(Add	dress)	
(Àdd	dress)	<u>. </u>
(City	//State/Zip/Phon	e #)
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12/17/19--01010--033 **25.00

2019 DEC 17 PH 5: 02

R. WHITE

JAN 1 6 2020

COVER LETTER

	istration Sec sion of Corp		•	
SUBJECT:	RVS Chicka	saw, LLC	Name of Limited Liability Company	
Souther.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence 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		
			to be used for future annual report not	dication)
For further in	formation co	ncerning this matter, please ca	ill:	
Tobi Greema	M		760 458-8609	
	Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION; • OF



2019 DEC 17 PM 5: 02

RVS Chickasaw, 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 Company were filed on and and	assigned
Florida document number L04000045542	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "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 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 nar registered agent and/or the new registered office address here:	ne of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
	ode
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 act provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.	with and ocument is

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	Add
		Boynton Beach, F1. 33436	□ Remove
			Change
VP	Ryan Stunkel	4 Country Rd West	■ Add
		Boynton Beach, Fl. 33436	□ Remove
			☐ Change
VP	Sally Stunkel	4 Country Rd West	⊟ Add
		Boynton Beach, FL 33436	Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change
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			☐ Change

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ective date, if other than the effective date is listed, the date in the lift the date inserted in this nument's effective date on the	block does not me	et the applicab	, 2019 date of filing or mor de statutory filing	(optie than 90 days afte requirements, thi	onal) r filing.) Pursuant to 6 s date will not be 1	605.020 isted as
record specifies a delay he 90th day after the re		ite, but not	an effective tin	ne, at 12:01	a.m. on the ear	lier o
ed December 13	1	2019	_•			
	_					
LM	Sty	1	zed representative o	(

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