**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

rmail.	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OPTIMUM DEALERSHIP GROUP, LLC

Certificate of Status 0 Certified Copy Page Count 04 \$25.00 Estimated Charge

OCT 21 2021 A. LUNT

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Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Optimum Dealership Group, LLC		圣 影
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<b>是6:17</b>
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/10/2006	
Florida document number L06000048588	<b>-</b> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Optimum RV FL, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	ESS)	
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:		
new registrica office radicas.	Enter Florida street address	
	Floria	ia
Partie Additional Property Control of the Control o	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 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>	Name	Address	Type of Action
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			Remove
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			Change
			□Add
			□Remove
			□Change
			□Add
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			Remove
			Change

If amending any o	ther information,	enter change(s) here: (Atta	ach additional sheets, if necess	sary.)
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(If an effective date is in Note: If the date in	sted, the date must be sp serted in this block d	of filing: ecific and cannot be prior to date ones not meet the applicable statement of State's records.	of filing or more than 90 days after fil atutory filing requirements, this d	ing.) Pursuant to 605.0207 (3)(b)
ne record specifies a cord is filed.	delayed effective date	, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated October	20	2021	_	
	Signa	ture of a member or productized to	epresonative of a member	
	R. Beck, Manager			