

106 000070759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

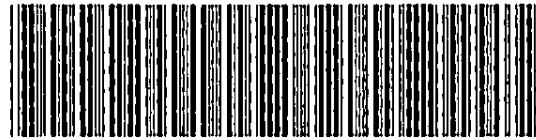
(Business Entity Name)

(Document Number)

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2021 JAN 12 AM 9:02  
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FEB 20 2021

O SIMMONS  
FEB 20 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

RV & Associates

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Abandonment of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R.V. OWENS

Name of Person

R.V. Owens Strategic Group

Firm/Company

1451 W. Cypress Creek Rd, #300

Address

Ft. Lauderdale, Florida 33309

City/State and Zip Code

INFO@R.V.OWENS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R.V. OWENS

Name of Person

at (844)

Area Code

912-714-7526

Daytime Telephone Number

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DRV & ASSOCIATES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2021 JAN 12 AM 9:02

The Articles of Organization for this Limited Liability Company were filed on 07.13.2006 and assigned  
Florida document number LOW000070759.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

R.V. OWENS Planning & Arrangements, LLC.

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)

2700 W. Military Trail

SUITE: 230

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 W. Cypress Creek Road

Unit: 300

Ft. Lauderdale, FL 33309

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:

R.V. OWENS

New Registered Office Address:

1451 W. Cypress Creek Road #300

Enter Florida street address

Ft. Lauderdale

Florida

33309

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

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Title                      Name                      Address                      Type of Action

AMBR    R.V. OWENS, Strategic Group    485 N.E. 128th Street    ☒ Add

UNIT: 103C    ☐ Remove

MIAMI, FLORIDA 33161    ☐ Change

MGR    OWENS, Robert V.    485 N.E. 128th Street    ☐ Add

UNIT: 103C    ☐ Remove

MIAMI, FLORIDA 33161    ☐ Change

MGR    St. Fleur, Dorothy    485 N.E. 128th Street    ☐ Add

UNIT: 103C    ☒ Remove

MIAMI, FLORIDA 33161    ☐ Change

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    ☐ Add

\_\_\_\_\_    ☐ Remove

\_\_\_\_\_    ☐ Change

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    ☐ Add

\_\_\_\_\_    ☐ Remove

\_\_\_\_\_    ☐ Change

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    ☐ Add

\_\_\_\_\_    ☐ Remove

\_\_\_\_\_    ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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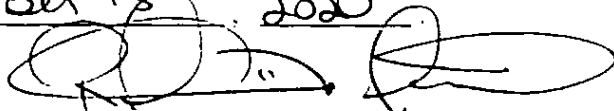
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 15, 2020



Signature of a member or authorized representative of a member

ROBERT V. OWENS

Typed or printed name of signee