

L06000070759

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. RIVERS

JUN 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.V.OWENS, PLANNING & ARRANGEMENTS
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT OWENS

Name of Person

R.V.OWENS

Firm/Company

20900 NORTH EAST 30TH AVENUE

Address

AVENTURA, FL 33180

City/State and Zip Code

INFO@RVOWENS.COM

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

For further information concerning this matter, please call:

ROBERT OWENS at (844) 912-PLAN (7526)
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 Address:

Registration 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**

R.V.OWENS, PLANNING & ARRANGEMENTS, 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 07 13 2006 and assigned Florida document number L06000070759.

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 & ACCOUNTING, 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)

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:

Enter Florida street address

_____, Florida _____

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

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2006 FEB 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

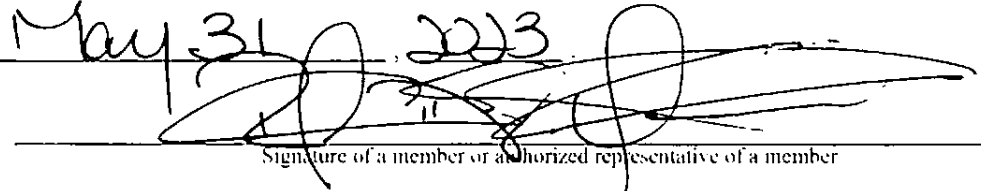
MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT OWENS	20900 NORTH EAST 30TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE: 200	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
AMBR	R.V.OWENS & CO.	20900 NORTH EAST 30TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE: 200	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 May 31, 2023


Signature of a member or authorized representative of a member
ROBERT OWENS

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2023

ROBERT OWENS
20900 NE 30TH AVE. # 200
AVENTURA, FL 33180

SUBJECT: R.V. OWENS, PLANNING & ARRANGEMENTS, LLC.
Ref. Number: L06000070759

We have received your document for R.V. OWENS, PLANNING & ARRANGEMENTS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 923A00009497