L06000070759

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2020 FEB 28 AM IO: 55
SECRETARY OF STATE
AND ANALYSEE FLORIDA

2023 FEB 28 AM IO:

A. RIVERS
JUN 1 0 2023

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
A		LANNING & ARRANGEMENT	S
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ROBERT OWENS		
		Name of Person	
	R.V.OWENS		
		Firm Company	-,
	20900 NORTH EAST 30T	TH AVENUE	
	········	Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	INFO@RVOWENS.COM	to be used for future annual report no	tification)
For further information (concerning this matter, please c		
ROBERT OWENS		844 912-PLAN	
Name (of Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing 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 Addre Registration Division of O	Section	Street Address: Registration S Division of Co	
P.O. Box 63.	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monn	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.V.QWENS, PLANNING & ARRANG		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
he Articles of Organization for this Limited Liability Company were filed lorida document numberL06000070759	on07 13 2006	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability comp	any her <u>e</u> :	
R.V.OWENS, PLANNING & ACCO	UNTING, LLC.	
he new name must be distinguishable and contain the words "Limited Liability Company	;" the designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		202 55
		<u></u>
. If amending the registered agent and/or registered office address on	our records, enter the nam	eofthe few register
gent and/or the new registered office address here:		
		Ton to Co
Name of New Registered Agent:		=: 01
New Registered Office Address:		Du R
	ter 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

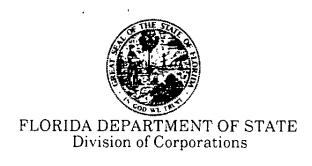
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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

Effective date, if other than the date of filing:
he 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 thord is filed.
Dated May 31, 2013
Signature of a member or adhorized representative of a member
ROBERT OWENS Typed or printed name of signee

Filing Fee: \$25.00



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.

Letter Number: 923A00009497

Alecia Rivers Regulatory Specialist III

www.sunbiz.org