

LOG000070759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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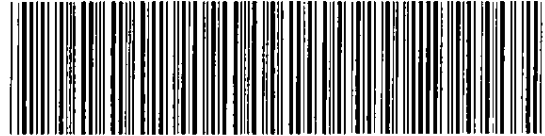
(Business Entity Name)

(Document Number)

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07/25/23--01011--010 **25.00

LLC N/C & Amend

FILED

2023 JUL 25 AM 8:40

CLERK OF STATE
ALL REQUESTS OFFICE

A. RAMSEY
AUG 22 2023

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

FILED

2023 JUL 25 AM 8:40

R.V. OWENS, PLANNING & ACCOUNTING, LLC. ~~OF THE STATE OF FLORIDA~~
(Name of the Limited Liability Company as it now appears on our records) ~~HASSEE, FLORIDA~~
(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 & ASSOCIATES, 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

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	OWENS, ROBERT, TTEE	20900 NORTH EAST 30TH AVENUE	<input type="checkbox"/> Add
		STE: 200	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input checked="" type="checkbox"/> Change
AMBR	R.V. OWENS & CO.	20900 NORTH EAST 30TH AVENUE	<input type="checkbox"/> Add
		STE: 200	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input checked="" type="checkbox"/> Change
GM	OWENS, ROBERT	20900 NORTH EAST 30TH AVENUE	<input type="checkbox"/> Add
		STE: 200	<input checked="" type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
TRUSTE	R.V.OWENS & CO.	20900 NORTH EAST 30TH AVENUE	<input type="checkbox"/> Add
		STE: 200	<input checked="" type="checkbox"/> Remove
		AVENTURA, FLORIDA 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
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Filing Fee: \$25.00