*L08000074009

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

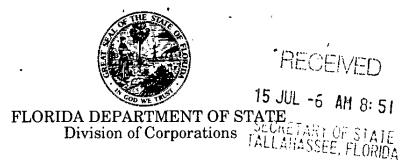


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K.SALY EXAMINER JUL -8 2015



June 22, 2015

RICHARD L VOSSEN 2135 HWY 231 PANAMA CITY, FL 32405

SUBJECT: R V OF PANAMA CITY, LLC

Ref. Number: L08000074009

We have received your document for R V OF PANAMA CITY, 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):

Are you trying to remove the space between the "R" and "V" in the company ND, just adding my wife AS Agent. Thank, Tichal L Vm name?

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II

Letter Number: 015A00013023

COVER LETTER

Division of Corporations
SUBJECT: RANNA City, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard L Vossen Name of Person
Name of Person
Firm/Company LLC
2135 Hwy 231 Address
TANAMA C, ty F1. 32405 City/State/and Zip Code
City/state/and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 527-4765 Area Code Daytime Telephone Number
Name of reison Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$25.00 Filing Fee & Certificate of Status \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$25.00 Filing Fee & Certificate of Status \$\Bigcup \\$30.00 Filing Fee & Certificate of Status

MAILING ADDRESS:

TO:

Registration Section `'

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

i ^m	TILED
2015 JUL	-6 AM11:20
41/1/16	##11:20
<u>s.</u>)	SEL LORIG
3 0 5 0	

The Articles of Organization for this Limited Liability Company were filed on _____O8 /O + | ZDO8 ____ and assigned Florida document number <u>LO80 bbb 7</u>4009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 __

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.

City

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
AMBR	Valerie J. Vissen	1118 Country Club Drive	⊠ Add
		1918 Country Club Driver Lynn Haver Fl. 32405	Remove
			Change
			Add
			□ Remove
			Change
			Add
		·	□ Remove
			Change Add TX
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

Effective date, if other than the date of filing:		
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Page 3 of 3

Filing Fee: \$25.00