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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

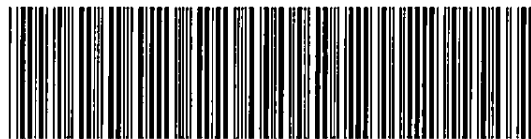
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/24--01005--003 **25.00

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2024 MAY 24 AM 3:59
TOLSON STATE
1011118 6011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA RV STORAGE, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SETH D. CORNEAL, ESQ.

Name of Person

THE CORNEAL LAW FIRM

Firm Company

509 ANASTASIA BLVD.

Address

ST. AUGUSTINE, FL 32080

City State and Zip Code

rob0681@a gmail.com

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

For further information concerning this matter, please call:

Seth D. Corneal

904

819-5333

at ()

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

NORTH FLORIDA RV STORAGE, 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 11/17/2011 and assigned
Florida document number 111000130962.

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

200 SR, 206 WEST

ST. AUGUSTINE FL. 32086

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

THE CORNEAL LAW FIRM

New Registered Office Address:

509 ANASTASIA BLVD.

Enter Florida street address

ST. AUGUSTINE

City

Florida

32086

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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2024 MAY 24 AM 3:59
CLERK OF DISTRICT COURT
STATE OF 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 P. ROTH NHAUSER	380 BRANTLEY HARBOR DR.	☒ Add
		ST. AUGUSTINE, FL. 32056	☐ Remove
			☐ Change
MGR	JOSEPH R. SCHNEIDER	240 BRANTLEY HARBOR DR.	☐ Add
		ST. AUGUSTINE, FL 32086-1822	☒ Remove
			☐ Change
MGR	BRIAN E. SCHNEIDER	264 BRANTLEY HARBOR DR.	☐ Add
		ST. AUGUSTINE, FL 32086-1822	☒ Remove
			☐ 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.)*

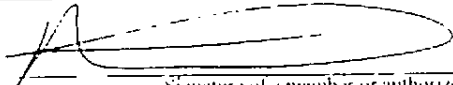
E. Effective date, if other than the date of filing: _____ (optional)

(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 21 2024



Signature of a member or authorized representative of a member

ROBERT P. ROTHLSHAUSLER

Typed or printed name of signer

Filing Fee: \$25.00