

L12000047679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

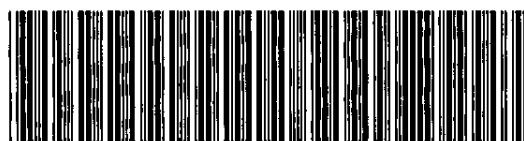
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/15--01003--007 **25.00

FILED
15 JUN 16 21 11:05
RECEIVED
JUL 1 2015

M. MILLIGAN
EXAMINER

JUL - 1 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 16 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 4, 2015

MR. MOBILES RV SERVICE LLC
6592 BILL LUNDY RD
LAUREL HILL, FL 32567

SUBJECT: MR. MOBILES RV SERVICE LLC
Ref. Number: L12000077679

We have received your document for MR. MOBILES RV SERVICE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 115A00009104

COVER LETTER

**TO: Registration Section
Division of Corporations**

15 MAY -1 AM 10:00

SUBJECT: Mr. Mobiles RV Service LLC

Name of Limited Liability Company

RECEIVED
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

Please return all correspondence concerning this matter to the following:

Ronda Bell

Name of Person

Mr. Mobiles RV Service, LLC.

Firm/Company

6592 Bill Lundy Rd

Address

Laurel Hill, FL 32567

City/State and Zip Code

rondab@mrmobilesrv.com

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

For further information concerning this matter, please call:

Ronda Bell

850 398-6318
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

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

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

Mr. Mobiles RV Service, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 JUN 15 AM 11:05
CLERK OF CIRCUIT COURT
JANICE L. HARRIS, CLERK

The Articles of Organization for this Limited Liability Company were filed on 6/12/2012 and assigned
Florida document number L12000077679.

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:

Ronda Bell

New Registered Office Address:

6592 Bill Lundy Rd

Enter Florida street address

Laurel Hill

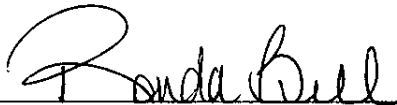
City

Florida 32567

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>
MGRM	Charles J. Szydlowski	6590 Bill Lundy Rd	<input type="checkbox"/> Add
		Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ronda Bell	6590 Bill Lundy Rd	<input checked="" type="checkbox"/> Add
		Laurel Hill, FL 32567	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.

Rondabul

Typed or printed name of signee