Division of Corporations Electronic Filing Cover Sheet

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(((H130002522103)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LEGALZGOM.COM INC.

Account Number: I20010000062 : (323)962-8600 : (323)962-3889 Phone Fax Number

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFFORDABLE RV REPAIR & SERVICE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **FAX COVER SHEET**

ТО	
COMPANY	
FAX NUMBER	18506176383
FROM	Rachel Whiteman
DATE	11/14/2013 9:26:32 AM CST
RE	508227680

#### **COVER MESSAGE**

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Nov 13 13 11:20a

p.1

### **COVER LETTER**

Division of Co	orporations
SUBJECT: AFFOR	RDABLE RV REPAIR & SERVICE LLC
	(Name of Limited Liability Company)
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Imelda Vasquez
	(Name of Person)
	Legalzoom.com, Inc.
	(Firm/Company)
	100 W. Broadway Suite 100
	(Address)
	Glendale, CA 91210
	(City/State and Zip Code)
For further information	concerning this matter, please call:
lmelda Vasquez	at (323 ) 962-8600 ext 7950
(Name	c of Person) (Atea Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	LES OF ORGANIZATION	弱工
	OF	SEE D
AFFORDABLE RV REPAIR 8	SERVICE LLC	75 00
(Name of the Limited Lin (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	EE FLORIE
The Articles of Organization for this Limited Liabi	lity Company were filed on 10/21/2013	and assigned
Florida document number <u>L13000148003</u>	·	ı
This amendment is submitted to amend the following	ng:	ı
A. If amending name, enter the new name of the The new name must be distinguishable and end with the "L.L.C."		ation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
THE TOPRICIOS OTHER Addition	(Enter Florida str	eet address)
	, Flori	
	(City)	(Zlp 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 ohligations of my position as registered agent as provided for in Chapter 608, 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)

MGR = Manager

MGRM = Managing Member

p.3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR_	Gordon D. Swaney	11480 North Panda Bear Terrace Dunnellon Florida 34433	Add Remove			
MGRM	Nelta J. Swaney	11480 North Panda Bear Terrace Dunnellon Florida 34433	Add Komove			
MGRM	Edward J. Swaney	11480 North Panda Bear Terrace  Dunnellon  Florida 34433	Add Remove			
<u>MGRM</u>	Gordon D. Swaney	11480 North Panda Bear Terrace Dunnellon Florida 34433	Add  Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change(	s) bere: (Attach additional sheets, if necessary.)				
<del></del>						
<del></del>						
Dated 1XC	Barbon O Le	213 My				
		or authorized representative of a member redon D. Swaney				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00