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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RGLVD 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:

Tom Walker

Name of Person

Nationwide Corporate Services Inc.

Firm/Company

P.O. Box 777038

Address

Henderson, NV 89077

City/State and Zip Code

admin@nationwidecorporateservices.com

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

For further information concerning this matter, please call:

Tom Walker

at (702) 368-7530

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RGBLVD LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	TSA Inc.	9 Forewind Rd.	☐ Add
		Yarmouthport, MA 02601	☒ Remove
MGR	Terri Noyes	9 Forewind Rd.	☒ Add
		Yarmouthport, MA 02601	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Add
			☐ Remove

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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)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21, 2014



Signature of a member or authorized representative of a member

Thomas V. Walker

Typed or printed name of signee

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Filing Fee: \$25.00

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