

L15000111874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

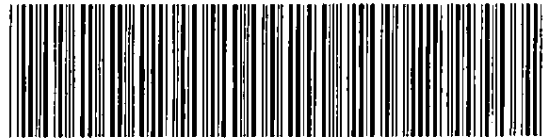
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900412620579

07/25/23--01011--011 **25.00

L1C NC Amend

CLERK OF STATE
JUL 25 2023

2023 JUL 25 PM 12:43

FILED

A. RAMSEY

AUG 22 2023

2

**TO: Registration Section
Division of Corporations**

SUBJECT: R.V. OWENS, 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:

ROBERT OWENS

Name of Person

R.V. OWENS

Firm-Company

20900 NE 30TH AVE, #200

Address

AVENTURA, FL 33180

City/State and Zip Code

info@rvowens.com

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

For further information concerning this matter, please call:

ROBERT OWENS	305	912-7526
_____	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**

FILED

2023 JUL 25 PM 12:43

R.V. OWENS, STRATEGIC GROUP, LLC

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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06-29/2015 and assigned
Florida document number L15000111874.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

R.V. OWENS, LIMITED LIABILITY COMPANY

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 _____
City 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

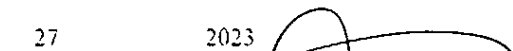
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OWENS, ROBERT, TTEE	20900 NORTH EAST 30TH AVENUE	<input checked="" type="checkbox"/> Add
		STE: 200	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input type="checkbox"/> Change
AMBR	R.V. OWENS & CO.	20900 NORTH EAST 30TH AVENUE	<input type="checkbox"/> Add
		STE: 200	<input type="checkbox"/> Remove
		AVENTURA, FLORIDA 33180	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.

27 2023



Signature of a member or authorized representative of the company

Typed or printed name of signee

Filing Fee: \$25.00