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(Red	questor's Name)	
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### **COVER LETTER**

**}**\*

Division of Cor	porations ,			
Family R'SUBJECT:	V Center, LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
	ondence concerning this matter t	_		
	Mark J Scott			
		Name of Person		
•	Family RV Center, LLC			
		Firm/Company		
	4158 Marine Pkwy	14		
	· =	Address		
	New Port Richey, FL 3465	2		
		City/State and Zip Code		
	sales@AMP-Distribution.co			
	E-mail address: (t	o be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	11: ,		
Mark J Scott		727 389-0134 at ()	Zo.	22
Name o	f Person	Area Code Daytim	ـ <u>برد حن</u>	
Enclosed is a check for the	he following amount:	•		0
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stät Certificate of Stät Certified Copy (additional copy is en	iŭs & 🔘

TO:

**Registration Section** 

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

# $\sum_{i=1}^{n}$

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family RV Center, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ears on our record	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number L15000165197	were filed on _	09/29/2015	. <u>-</u>	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company	here:		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," th	e designation "LLC	" or the abbre	viation "L.IC."
Inter new principal offices address, if applicable:	· .			
Principal office address MUST BE A STREET ADDRESS)				
age of the second of				
	•		#S	2016
Enter new mailing address, if applicable:	<del></del>		<b>&gt;</b> 70	
Mailing address MAY BE A POST OFFICE BOX)	•		ASS	
•	<del></del>	·	m-C	8
	,	•	77	
B. If amending the registered agent and/or registered of	office address	on our records		ename of the
registered agent and/or the new registered office address her	<u>re</u> :		Date Th	œ
3				
Name of New Registered Agent:				
New Registered Office Address:				<del></del>
	Enter F	Florida street addres	s	
		, Flo	orida	
	City		-	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
hereby accept the appointment as registered agent and agreements of all statutes relative to the proper and complete				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carol N Scott	4158 Marine Pkwy, New Port Rich	B Add
			□ Remove
			☐ Change
	<del></del>		Add
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		(C)
		·
If the date inserted in this !	ne date of filing: 2/12/16  must be specific and cannot be prior to date of filing or block does not meet the applicable statutory file Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ecord specifies a delayer e 90th day after the re	ed effective date, but not an effective ecord is filed.	e time, at 12:01 a.m. on the earlie
February 12	2016	
	7	
made So	Signature of a member or authorized representati	

Page 3 of 3

Filing Fee: \$25.00