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COVER LETTER

TO:	Registration Se Division of Corp			·
	FATHER 8	SONS RV & MORE, LLC		
SUBJE	.CT:	Name of Lim	ited Liability Company	,
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		STEVE L MITCHELL		
			Name of Person	
			Firm/Company	
		5901 W SR 80		
			Address	·
		LABELLE, FL 33935		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication)
For fur	ther information c	oncerning this matter, please ca	nH:	
STEVI	E L MITCHELL		561 255-4016	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
	5.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FATHER & SONS RV & MORE, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on MARCH 17,2017	and assigned
Florida document number L17000062345		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	obbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		10
		IDC ROIS
Inter new mailing address, if applicable:		1 9X r
Mailing address MAY BE A POST OFFICE BOX)		OSS CSA C
mining marcis m. 11 m. 11 og 1 of 1 feet monty		
		—— 9—22
B. If amending the registered agent and/or registered	office address on our records, enter	r the name of the r
registered agent and/or the new registered office address he	ere:	
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>	Type of Action
MBR	JORDAN A MITCHELL	5901 W SR 80, LABELLE, FL 339	Add
			■ Remove
			Change
			□ Add
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fective date, if other than to a effective date is listed, the date in this cument's effective date on the	he date of filing: must be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days after filing requirements, this	nal) filing.) Pursuant to 605 date will not be liste
record specifies a delay The 90th day after the r	red effective date, buecord is filed.	ut not an effecti	ve time, at 12:01 a	.m. on the earlie
JUNE 4	2018			
Stew J M	<u> </u>		ative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00