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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

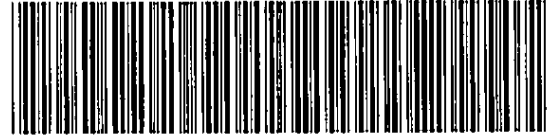
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SECRETARY OF STATE
FALL ARRESTED 11-05-10



DEC 2 9 30 AM

Y SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RVM Products 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:

Mark Medina
Name of Person

RVM Products LLC
Firm/Company

14255 SW 151st Ave
Address

Mia, FL 33196
City/State and Zip Code

RVMProducts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Medina at (746) 467-5135
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

RVM Products LLC

Page 1 of 3

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	Mark Medina	14255 SW 151 st Ave	<input type="checkbox"/> Add
		MIA, FL 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Yanet Campos	14255 SW 151 st Ave	<input type="checkbox"/> Add
		MIA, FL 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We would like to change the titles of Mark Medina and
Yanet Campos to Manager.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

11/19/19

Signature of a member or authorized representative of a member

MARK MEDINA

Typed or printed name of signee