LIBUCO 11562C

(R	equestor's Name)	-
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. YOUNG

COVER LETTER

TO:						
A1198.11						
SUBJE	.CI:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	retum all correspor	ndence concerning this matter	to the following:			
		Name of Person Area Code Daytime Telephone Number a check for the following amount:				
			Name of Person			
		Richmond Camper Vans 1.	LC			
			Firm/Company			
		4400 Hillcrest Dr. APT 61	8B			
		Address				
		Hollywood/FL 33021				
		richmondeampervans@gma				
		E-mail address: (to be used for future annual report notifi	cation)		
For fur	ther information co	oncerning this matter, please ca	all:			
Alexan	der Gustafson					
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e following amount:				
□ \$2 <i>5</i>	5.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

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

Richmond Camper Vans LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records limited Liability Company)	.)
he Articles of Organization for this Limited Liability Co	ompany were filed on 05/08/2018	and assigned
orida document number L18000115620	_•	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
ne new name must be distinguishable and contain the words "Limit	ed Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
	والمحارث والمراجع والم	
		SEL P
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		6: 08
), r 00
. If amending the registered agent and/or registered agent and/or the new registered office address.		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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>	Address	Type of Action
MGR	Alexander Gustafson	4400 Hillcrest Dr. APT 618B Hollywood, FL 33021	■ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
	·		☐ Remove
			☐ Change
			☐ Add
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			∏ Change

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ective (date, if other than t	he date of filir	ng:		(ор	tional)	
t <u>e:</u> If tł	date, if other than to we date is listed, the date of the date inserted in this is effective date on the	block does not	meet the applic	able statutory fili	more than 90 days af ng requirements, t	ter filing.) Pursuant to t his date will not be l	505,0207 isted as
	d specifies a delay th day after the r			ot an effective	time, at 12:01	a.m. on the ear	rlier o
ed	12/19 Buza		. 2018	, ·			
	1		_				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00