

L18000192923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

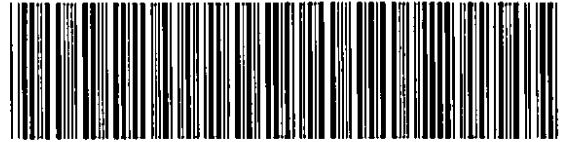
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600317401646

08/22/18--01020--027 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 22 AM 10:09

FILED

AUG 28 2018

T. SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZING OUTDOORS RV RENTALS 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:

DEVAMANI FRANCIS
Name of Person

AMAZING OUTDOORS RV RENTALS LLC
Firm/Company

1601 FRUITWOOD DR
Address

CLEARWATER FL 33756
City/State and Zip Code

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

For further information concerning this matter, please call:

DEVAMANI FRANCIS at (321) 277-1562
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

AMAZING OUTDOORS RV RENTALS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/13/18 and assigned
Florida document number L18000192923

This amendment is submitted to amend the following:

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

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)

FILED
18 AUG 22 AM 10:09
STATE OF FLORIDA
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

| | | | | |
|--|---|--------------------------------------|---|---|
| <div><div></div><div>Remove</div></div> | <div><div></div><div>Change</div></div> | <div><div></div><div>Add</div></div> | <div><div></div><div>Remove</div></div> | <div><div></div><div>Change</div></div> |
| <div><div>3 AUG 22 AM 10:09</div><div>ST. CHARLES COUNTY CLERK OFFICE 1000 S. 10TH ST. ST. CHARLES, MO 63071</div></div> | | | | |

[illegible]

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.

Dated 08/21/18.

Deraman Farhan
Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

DEVAMANI FRANCIS

Typed or printed name of signee

18 AUG 22 AM 10:09
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535