118000214349

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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21 Aug 30 PH 2: 20

COVER LETTER

TO: Registration Se Division of Cor			
RVB Clark			
SUBJECT:	Name of Lim	ited Liability Company	
		and the second of the second o	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	Rickard V Brown Jr		
		Name of Person	
		Firm/Company	
	7282 55th Ave E, #142	, min (X-mp-an-y	
		Address	
	Bradenton, FL 34203		
		City/State and Zip Code	
	rbrown4644@aol.com		
	E-mail address: (to be used for future annual report noti:	fication)
For further information of	oncerning this matter, please c	all:	
Rick Brown		941 650-3995	
Name o	n' Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	otion
Registration Division of C		Registration So Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 AUG 30 PH 2: 20

RVB Clark Center K	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company florida document number L18000214349	were filed on August 08, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
n :i	
the new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21215 67th Ave E
(Principal office address MUST BE A STREET ADDRESS)	Bradenton, FL 34211
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	n/a
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>
New Registered Office Address: n/a	Enter Florida street address
	Florida

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.

Cin

Zip Code

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

or removed from our records: MGR = Manager AMBR = Authorized Member 21 AUG 30 PH 2: 20 Type of Action Title Title <u>Name</u> <u>Address</u> AMBR Debra J Brown 21215 67th Ave E Bradenton, FL 34211 Arika R Brown 253 Fiddlewood Ct AMBR Davenport, FL 33837 □Remove _____ Change ______ CAdd □Remove ______ □Change _____ □Change _____ □Add

_____ ∃Remove

_____ Change

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated	
Suggestive of a member or authorized representative of a member	Signature of a member or authorized representative of a member		/////
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Filing Fee: \$25.00