## L18000234299

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R. WETE GE 05 GL

## **COVER LETTER**

SUBJECT:	BROWARD RV	RENTALS LLC		
Name of Limited Liability Company				
The enclosed Articles o	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		ANTHONY CARIVI	EAU	
		Name of Person	1	
	В	ROWARD RV RENT	ALS LLC	
Firm/Company				
		8839 NW 3RD PLA	ACE	
		Address		
		CORAL SPRINGS.	FL 33071	
		City/State and Zip C	`ode	
		acariveau@live.co	m	
•	E-mail address:	(to be used for future an	nual report notification)	
For further information	concerning this matter, please of	call:		
ANTH	ONY CARIVEAU	754 at (	246-7638	
Name	of Person	Area Code	Daytime Telephone Number	

TO:

Registration Section Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			_	'¿· '
	BROWARD RV RI		·	
(Name of the Lin	nited Liability Compa (A Florida Limited I	nv as it now appea liability Company)	rs on our records.)	<del></del> ,,
The Articles of Organization for this Limited		were filed on	OCTOBER 3, 2018	and assigned
Florida document number 1.18000234299	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company ho	ere:	
BRVR M	IANAGEMENT LL	C		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the c	lesignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appl	icable:	SAME		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		SAME		
Mailing address MAY BE A POST OFFICE	E BOX)		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>			
			- , ,	
3. If amending the registered agent and/or	registered office a	address on our r	ecords, enter the name	of the new regis
gent and/or the new registered office addr	ess here:			
Name of New Registered Agent:	SAME			
New Registered Office Address:				
		Enter Flor	ida street address	<del></del>
			. 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 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
		SAME - NO CHANGE	□Add
			☐Remove
			□Change
			□Add
			□Remove
			Add
			Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

an ef lote:	tive date, if other than the date of filing:
reco Lis f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after third.
Dated	<u>September 11. 2020</u>
	1 September 11 2020  1 MHWY & Civilian  Signature of a member or authorized representative of a member
	Signature of a member of audiorized representative of a member
	ANTHONY CARIVEAU

Typed or printed name of signee