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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
RV Rental SUBJECT:	Brokers LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Jerry Fulton		
		Name of Person	
	RV Rental Brokers LLC		
		Firm/Company	
	3500 Lake Alfred Rd.		
	-	Address	
	Winter Haven, FL 3388	1	
	-	City/State and Zip Code	
	info@rvrentalbrokers.c		<u></u>
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jerry Fulton		407 413-6854 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Se	action
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	.7	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RV Rental Brokers 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 01/14/2019 Florida document number $^{1.19000014791}$ 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

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
AMBR	Edward Gomez	2780 Cypress Dome Court, St. Cloud, FL 3477	'2 ⊟Add
			□Remove
			_ DChange
AMBR	Jerry 1. Fulton	3500 Lake Alfred Rd. Winter Haven, FL 33881	□Add
			□Remove
			🗏 Change
AMBR	Anna Grishaeva	3500 Lake Alfred Rd. Winter Haven, Fl. 33881	🗆 Add
			□Remove
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Effective date, if other than the	date of filing			(optional	Ŋ
f an effective date is listed, the date mus	t be specific and c	annot be prior to d	late of filing or more	than 90 days after tilin	g.) Pursuant to 605.0207 (
Note: If the date inserted in this bl document's effective date on the D	ock does not me epartment of Sta	et the applicable te's records.	e statutory filing re	quirements, this dat	e will not be listed as t
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e record specifies a delayed effectived is filed.	e date, but not a	n effective time.	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
April 02		2021			
Dated					
		- 7,			

Typed or printed name of signee