

W19 0000 37963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

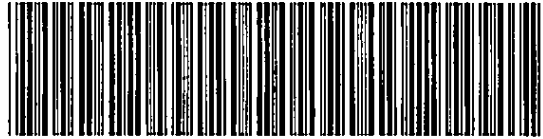
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/25/22 --01005--018 \$43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL 11 PM 1:08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUL 11 PM 12:31

SECRETARY OF STATE

June 15, 2022

JACOB R. KRAMER  
7221 E 6TH AVE PKWY  
DENVER, CO 80220

SUBJECT: THE RVR MASON GROUP LLC  
Ref. Number: L19000037963

We have received your document for THE RVR MASON GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 822A00013347

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The RVR Mason Group 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:

Jacob Kramer

Name of Person

The RVR Mason Group LLC

Firm/Company

178 N US Hwy 301

Address

Sumterville, FL 33585

City/State and Zip Code

SI Paving A Outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Kramer

Name of Person

at ( 352 )

Area Code

568-5505

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

22 JUL 11 PM 1:08

The RVR Mason Group 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 2/6/2019 and assigned  
Florida document number L19000037963.

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)

7221 East 6th Ave PKwy  
Denver, CO 80220

**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

*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**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

See Attached Articles

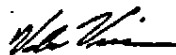
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7-5-2022



Signature of a member or authorized representative of a member

Valerije Viarri

Typed or printed name of signee