

L19000 041 090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

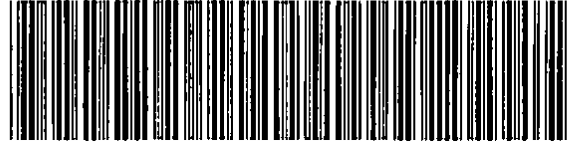
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 16 PM 4:11
STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

Amend/cc
cc15

JAN 16 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Choice Mobile RV Service, 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:

Russell Nickerson
Name of Person

First Choice Mobile RV Service, LLC
Firm/Company

12090 Stoneville Ct
Address

Spring Hill, FL 34609
City/State and Zip Code

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

For further information concerning this matter, please call:

Trina Nickerson at (352) 442-0243
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input 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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2020

RUSSELL NICKERSON
12090 STONEVILLE CT
SPRING HILL, FL 34609

SUBJECT: FIRST CHOICE MOBILE RV SERVICE, LLC
Ref. Number: L19000041090

We have received your document for FIRST CHOICE MOBILE RV SERVICE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete/submit the form in its entirety as the last page is missing.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00000574

2020 JAN 16 AM 10:25

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

First Choice Mobile RV Service, 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 2/11/2019 and assigned Florida document number L19000041090.

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
2020 JAN 16 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Russell Nickerson	12090 Stoneville Ct	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Timothy Williams	208 Sawtooth Dr.	<input checked="" type="checkbox"/> Add
		Nalrico, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Trina Nickerson	12090 Stoneville Ct	<input type="checkbox"/> Add
	Keeping the same	Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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 January 14, 2020.

Drina Nickerson
Signature of a member or authorized representative of a member

Trina Nickerson
Typed or printed name of signer

Filing Fee: \$25.00