## 1190000 51715

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## **COVER LETTER**

Division of C	orporations		
SUBJECT:	RSABOARD LLC		
		nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	ADAM HILL		
		Name of Person	<del></del>
	THE VERSABOARD LL	С	
		Firm/Company	
	1720 SHADY LEAF DRI	VE	
		Address	<del></del>
	VALRICO, FL 33596		
	<del></del>	City/State and Zip Code	
	coachadamhill@gmail.com		
	É-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
ADAM HILL		at () 412-3582 Area Code Daytime	
Name	of Person	Area Code 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	pany as if now appears on our records.)	
(A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L19000051715	ny were filed on $\frac{2/21/2019}{}$ and assign	ıed
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
	Z0 20	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		į
	7730 T.R.	<b>*</b> ***
Enter new mailing address, if applicable:		ţ.,
**	<del>-</del>	
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, enter the name of ere:	<u>the</u>
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>	Address	Type of Action
AMBR	ADAM HILL	1720 SHADY LEAF DR VALRICO, FL 33596	<b>≅</b> Add
			□ Remove
			Change
MGR	ERIC LARSEN		
		505 VINTAGE WAY BRANDON, FL 33511	Remove
			Change
AR	GRETTA HILL	1720 SHADY LEAF DR VALRICO, FL 33596	Add
			■ Remove
			Change
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Filing Fee: \$25.00