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SEL VELARY OF STATE

LHASSEE FLORIDA

APR 03 2020 M. SOLOMON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVEITE DOBSON		
	<u> </u>	Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		855 829-9090 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAN	NTHE RV MAN LLC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDI	RESS)	
		20
		MA W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PAT IN
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the i</u>	name of the new registered
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 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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		DAYTONA BEACH, FL 32119	□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□ Remove
			2020 Remark 2 Color Property Color P
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or m k does not meet the applicable statutory filin	(optional) nore than 90 days after filing.) Pursuant to 6 ng requirements, this date will not be l	— .05.0207 (3)(i
ne record specifies a delayed effective dord is filed.	date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day at	fter the
Dated MARCH I	2020		
	1		
Daniel Ma	gnature of a member or authorized representative	e of a member	