## <u>L19000192263</u>

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. ,
(Document Number)
Continued Coming Continued of Chatus
Certificates of Status
2
Special Instructions to Filing Officer:
- CONT
J. HORNE
UEC 20 2022
DEO E O TITE

Office Use Only



000398929550

SECRETARY OF

122 DEC 20 AH II: 25

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: D: H RV Center's Truck Carnoer Emporium LL C
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
David Hofert Name of Person
DFH RV Rentals
166 Bald Eagle Dr
Pittsboro NC 27312  City/State and Zip Code  days @ db ay c eta tec com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Hofert at (919) 696-8896  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

D: HRV Center (Name of the Limited Liability Co	unpany as it now appears on our	per Emporium LLC
The Articles of Organization for this Limited Liability Completion of Organization for this Limited Liability Completion of Comp	S liability company here:	26/2019and assigned
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		<del></del> U
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	et address
		Florida
	Cuy	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	David Hofert	166 Bald Eagle Dr P. Asbono No 27312	<mark>C_S⊷d</mark> dd
		·	□Remove
			DChange
			DAdd
			□Remove
			□Chunge
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
		<del></del>	🗆 Add
			□Remove
			[]Chance

<del> </del>	<del> </del>		<u> </u>					
	<del></del>							
						<del> </del>		
	<del>-</del>							
							<u>.</u>	
			<u> </u>	_				
·								
	······································							
-							<u>.</u>	
								-
		<u></u>	<u> </u>		·	<del></del>		-
								_
<u></u> ,								-
					· · · · · · · · · · · · · · · · · · ·			_
Tective date	, if other tha	n the date of fil	ing:	ior to date of fil	ing or more than	(optiona 00 days after fili	.l) 1g.) Pursuant to 60	15.0207
ote: If the da	ite inserted in t	this block does no the Department o	ot meet the appl	ncable statute	ry filing requir	ements, this da	te will not be lis	sted as
ecord specifi is filed.	es a delayed ef	ffective date, but i	not an effective	c time, at 12:0	Ta.m. on the e	arlier of: (b)	The 90th day aft	er the
ned	120/		702	<u>z</u> .				
			of a member of at				- <del>,</del>	

Filing Fee: \$25.00