

419 000 208 588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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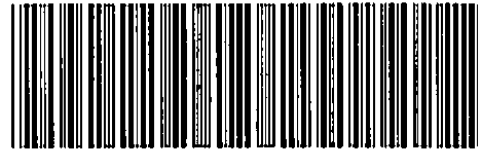
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
FILING OFFICE

SULKER

SEP 30 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R AND LRV ADVENTURES 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:

RICARDO LINARES

Name of Person

R AND LRV ADVENTURES LLC

Firm/Company

13108 SW 42ND STREET

Address

DAVIE, FL 33330

City/State and Zip Code

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

For further information concerning this matter, please call:

ISABEL PENA

305

305-231-5960

at ()

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:
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

R AND LRV ADVENTURES 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 08/15/2019 and
Florida document number L19000208588.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

R & N RV ADVENTURES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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
registered agent and/or the new registered office address here:**

Name of New Registered Agent: SAME

New Registered Office Address: SAME

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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	N/A	N/A	☐ A
		_____	☐ R
		_____	☐ C
_____	N/A	N/A	☐ A
		_____	☐ R
		_____	☐ Cl
_____	N/A	N/A	☐ Ac
		_____	☐ Ret
		_____	☐ Cha
_____	N/A	N/A	☐ Add
		_____	☐ Rem
		_____	☐ Char
_____	N/A	N/A	☐ Add
		_____	☐ Rem
		_____	☐ Char
_____	N/A	N/A	☐ Add
		_____	☐ Remc
		_____	☐ Chanj

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

Everything remains the same as the original doc.

E. Effective date, if other than the date of filing: 09/02/2019 (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 C

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
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 ear
(b) The 90th day after the record is filed.

Dated August 15th 2019


Signature of a member or authorized representative of a member

ISABEL PENA

Typed or printed name of signee