

LI9000270911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

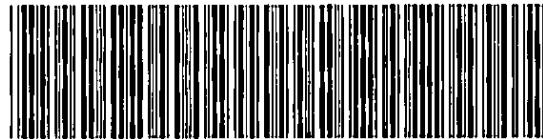
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100352858071

10/05/20--01012--003 **25.00

2020 OCT -5 PM12:54
FLORIDA STATE
PACIFIC
TALLAHASSEE, FL

FILED

10/11/20

COVER LETTER

TO: **Registration Section**
Division of Corporations

RV C2C LLC

SUBJECT: _____
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:

Roman Voloshenko

Name of Person

RV C2C LLC

Firm/Company

2511 N Hiatus Rd Unit 1017

Address

Cooper City, FL 33026

City/State and Zip Code

rvc2c@comcast.net

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

For further information concerning this matter, please call:

Roman Voloshenko

786 479-8338

Name of Person

at (_____)

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 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**

RV C2C 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 08/29/2016 and assigned Florida document number L19000220911.

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)

2511 N HIATUS RD
UNIT 1017
COOPER CITY, FL 33026

2020 OCT 15 PM 12:54
E D
FEE OF STATE
ISSUE DATE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2511 N HIATUS RD
UNIT 1017
COOPER CITY, FL 33026

2020 OCT 15 PM 12:54
E D
FEE OF STATE
ISSUE DATE

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: Registered Agents Inc.

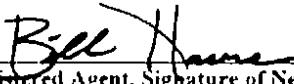
New Registered Office Address: 7901 4th St N, STE 300

Enter Florida street address

St. Petersburg , Florida 33702
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>
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<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

FILED

APR 20 005 - 5
REMOVED
CHASSEE, FL
12:55

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

2021 06 -5 pH 2.55

卷之三

E. Effective date, if other than the date of filing: 10/01/2020 (optional)

Effective date, if other than the date of filing: **(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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 25 2020

Signature of a member or authorized representative of a member

Roman Voloshenko

Typed or printed name of signee

Filing Fee: \$25.00