

120000059414

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TALLAHASSEE, FL

D. BRUCE  
AUG 11 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRT OUTFITTERS 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:

JOEL FRIEND

Name of Person

JOEL FRIEND AND ASSOCIATES, INC.

Firm/Company

2863 EXECUTIVE PARK DRIVE, STE. 105

Address

WESTON, FLORIDA 33331

City/State and Zip Code

JOEL@JOELFRIEND.COM

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

For further information concerning this matter, please call:

JOEL FRIEND

954

704-1040

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2020 JUN 29 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CRT OUTFITTERS 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 02/21/2020 and as  
Florida document number L20000059414.

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 "

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

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

Name of New Registered Agent:

New Registered Office Address:

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida  
*City*

**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. 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	RV DAWGS LLC	7378 W ATLANTIC BLVD STE 382	<input type="checkbox"/> Ac
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	RV AIRBNB LLC	4613 N UNIVERSITY DRIVE STE 226	<input type="checkbox"/> Ac
		CORAL SPRING, FL 33067	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	CARAVAN ESCAPES RV LLC	7378 W ATLANTIC BLVD STE 382	<input type="checkbox"/> Ac
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	CURTIS CAMERON	4613 N UNIVERSITY DRIVE SUITE 226	<input type="checkbox"/> Ac
		CORAL SPRINGS, FL 3306	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	TAYLOR A. PATTERSON	7378 W ATLANTIC BLVD STE 382	<input type="checkbox"/> Ac
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	RICHARD P. EMMERICH III	7378 W ATLANTIC BLVD STE 382	<input checked="" type="checkbox"/> Ac
		MARGATE, FL 33063	<input type="checkbox"/> Re
			<input type="checkbox"/> Cl

4:44 PM JUN 29  
SECRETARY OF STATE  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL

**E. 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 6f

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 record is filed.

Dated JUNE 26 2020

Signature of a member or authorized representative of a member

CURTIS CAMERON

Typed or printed name of signee

**Filing Fee: \$25.00**