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	To:	Division of Corporations Fax Number : (850)617-6383					
e	anr Emi	Account Name : TAXPEOPLE LLC Account Number : I20200000160 Phone : (772)460-1000 Fax Number : (772)777-3071 the email address for this business enti- nual report mailings. Enter only one ema- ail Address:	HI 2001 ESS PICULA HASSEE	1)			
	L	LC AMND/RESTATE/CORRECT O HAPPY CAMPER RV REN	MND/RESTATE/CORRECT OR M/MG RESIGN				
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TO: Registration Section Division of Corporations

HAPPY CAMPER RV RENTAL LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rodolpho De Victa Reis

Name of Person

HAPPY CAMPER RV RENTAL LLC

Firm/Company

2175 SW Savage Blvd

Address

Port St Lucie, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

For further information concerning this matter, please call:

Rodolpho de Victa Ro		772 at (Area Code	460.1000
Nam	e of Person		
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
€\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 Certificate of Status & Certificate Copy

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STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: HAPPY CAMPER RV RENTAL LLC The Florida Document number of the limited liability company is: L21000145664 SECOND: Document to be corrected is: ARTICLES OF ORGANIZATION THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected Z statement are as follows: ARTICLE IV. The name and address of person(s) authorized to managed LLC The CORRECTED name and address of person(s) authonzed to managed LLC is: RODOLPHO DE VICTA REIS, Address: 2175 SW Savage Blvd, Port St Lucie, FL 34953 Was defectively signed. The manner in which the document was defectively signed and the appropriate conjection ar as follows: S ပ်ာ တ E 2 ထု ഗ QR The electronic transmission of the record was defective. lostolulo Bus Signature of Authorized Representative

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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 J 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 mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing within the registered office address. of this change.

Registered Agent's Signature