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SECRETARY OF STATE OF CORPORATIONS

J DENNIS

## COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
aug man				
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Amanda K. McCoy, Esq.		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Amanda K. McCoy, Esq.  Name of Person  Bradley Gies. PA  Firm/Company  1983 PGA Blvd. Suite 104B  Address  Palm Beach Gardens. FL 33408  City/State and Zip Code  amccoy@gieslaw.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  Name of Person  at (		
	Name of Limited Liability Company  melosed Articles of Amendment and fee(s) are submitted for filing.  are return all correspondence concerning this matter to the following:  Amanda K. McCoy, Esq.  Name of Person  Bradley Gies, PA  Firm/Company  1983 PGA Blvd. Suite 104B  Address  Palm Beach Gardens, FL 33408  City/State and Zip Code  amccoy@gieslaw.com  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  ada McCoy  Name of Person  Name of Person  Area Code  Daytime Telephone Number  sed is a check for the following amount:  25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations			
			I fee(s) are submitted for filing.  In this matter to the following:  McCoy, Esq.  Name of Person  s, PA  Firm/Company  Blvd, Suite 104B  Address  Gardens, FL 33408  City/State and Zip Code  shaw.com  Firmal address: (to be used for future annual report notification)  Inatter, please call:  at (	
		Palm Beach Gardens, FL 3	33408	
		<del></del>	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please co	all:	
Amanda Mc	:Coy			
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:		
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
		_	Registration Se	ection
				•
P.C	D. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on ourida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number $\frac{L21000224868}{L21000224868}$	• -	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
RV FOR AMERICA LLC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	oct address
		, Florida
	Ciţy	Florida 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>	Type of Action
			□Add
			Remove
			□Change
			□ Add
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			□Remove
			□Change

D. If amending any other inform	nation, enter change(s) h	nere: (Attach addition	al sheets, if necessary.)	
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the ap	plicable statutory filing i	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	605.0207 ( listed as tl
If the record specifies a delayed effect record is filed.	ive date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 90th day a	ifter the
1.1.12	2022	<del></del> ·		
Dated				
Dated	Amanda K. McCoy,	. Esq.		

TOUR DE MORA