LZ1000384685

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
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A. RIVERS

DEC - 8 2021



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COVER LETTER

	ntion Section of Corporations	
SOUTECT.	MURPHY RV, LLC	
SOBJECT:		Name of Limited Liability Company
The enclosed Art	icles of Amendment and	fee(s) are submitted for filing.
Please return all c	orrespondence concernin	ng this matter to the following:
	DAVID J. VO	DLK
		Name of Person
	VOLK ŁAW	OFFICES, PA
	***************************************	Firm/Company
	1901 S. HAR	BOR CITY BLVD, STE 700
		Address
	MELBOURN	PE, F1, 32901
		City/State and Zip Code
		woffices.com; sfitzpatrick@volklawoffices.com
	E-1	mail address: (to be used for future annual report notification)
For further inform	nation concerning this ma	tter, please call:
DAVID J. VOLK		321 726-8338 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amou	int:
□ \$25.00 Filing	Fee \$30,00 Filin Certificate	
<u>Mailing</u> Registr	Address: ation Section	Street Address: Registration Section
Divisio	n of Corporations	Division of Corporations
P.O. Bo Tallaha	ox 6327 ssee, FL 32314	The Centre of Tallahassee
ranana	30CC, 1 L 24214	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MURPHY RV, 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 AUGUST 27, 2021 and assigned Florida document number ____L21000384685 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 funtiliar 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	BRADLEY T. HAIRE	108 E. HIBISCUS BLVD	≅ Add
		MELBOURNE, FL 32901	770
			□Change
AMBR RYAN C. HAIRE	RYAN C. HAIRE	108 E. HIBISCUS BLVD	
		MELBOURNE, FL 32901	□Remove
			□Change
			□Add
			□Remove
			□Change
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ecti	ve date, if other than the date of filing: (optional)
n eff	ve date, if other than the date of filing:
ne:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
core	I 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
s til	ed.
ed .	NOVEMBER 18 2021
	Signature of a member or authorized representative of a member

Typed or printed name of signee