422000187730

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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2022 MAY 23 PH I2: 0 I

C/7/25/2022

COVER LETTER

	ision of Corp			
SUBJECT:	RFA Enterpr			
SCBSECT.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Charles Shaver		
			Name of Person	
			Firm/Company	
		316 Charles Dr		
			Address	
		Deland Fl 32724		
			City/State and Zip Code	
		charlieshaver2415@gmail.c		
		E-mail address: (i	o be used for future annual report of	otification)
For further in	nformation co	ncerning this matter, please ca	ill:	
Chartie Shav	ver		407 790-8857	
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

2022 HAY 23 PH 12: 0

RFA Enterprises 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 Apr. 20, 2022 and assigned Florida document number _____L22000187730 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) 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: 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 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.

City

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
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
		 	DAdd
			□Remove
			Change
			□Add
			. Remove
			Change

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Submitting admendment to	get my legal name added as the	owner of the LLC instead	of the nickname Charlie.
		· <u> </u>	
		 	
	 		
		 	
 			
	ist be specific and cannot be prior to block does not meet the applical		(optional) I days after filing.) Pursuant to 605,0207 ments, this date will not be listed as
record specifies a delaye The 90th day after the re		an effective time, at	12:01 a.m. on the earlier of
May 16th ted	2022		
	110 /		

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Filing Fee: \$25.00