7/5/23, 9:36 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002356173)))



H230002356173ABC\$

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To:

Page: 2 of 6

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MR RV LLC**

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Help

COVER LETTER

TO:	Registration Se Division of Cor				
E-1 115 11	MR RV LI				
SCRIE	ECT:		ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Cheyenne Moseley			
	Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th Fl				
	Address				
	City/State and Zip Code				
		MR.Rv.mobilservice@gma			
		E-mail address: (to be used for future annual report notiff	ication)	
For fur	ther information c	oncerning this matter, please co	all:		
Cheye	nne Moseley		800 773-0888		
	Name o	f Person	at ()	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	5.00 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, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR RV LLC		
(Name of the Limited Liability Cor (A Florida Limi	npany as it now appears on our records.) ted Liability Company)	 -
The Articles of Organization for this Limited Liability Compa	any were filed on 09/26/2022	and assigned
Florida document number L22000417950		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
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 n
egistered agent and/or the new registered office address b	here:	~ 3
		78. 78.
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	돌游'늘 '
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	. Florida	
	Cuy	으기p CdN 유도· N
New Registered Agent's Signature, if changing Registered Age	ent:	CO CO

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

MGR = Manager

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action Ryan Wells 539 Ridgeline Run, Longwood, FL 32750 AMBR **■** Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change _D Add _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove

Page 3 of 3

Ryan Wells

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee