(((H22000378263 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 : (888)462-3453 Phone Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIVERS VACATION RENTALS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

NOV 07 2022

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration So Division of Cor			*
	RIVERS VAC	ATION RENTALS LLC	
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:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		±
	EFILE1234@INCFILE.CO		ication)
	F-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please e	all:	9 ¹⁰
LOVETTE DOBSON		1 8884623453	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for ti	he following amount:		
■ \$25.00 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 Addres	:s-	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H22000378263 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVERS VACATION	RENTALS LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.22000463098	were filed on 10/27/2022	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the c	abbreviation "L.L.C	
Enter new principal offices address, if applicable:	1563 Capital Circle Se #1056.		
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32301,	·	<u></u>
			99
Enter new mailing address, if applicable:	1563 Capital Circle Sc #1056,		10 V 11 1
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32301.		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nai		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida		
	Cuy	Zip Code	
New Registered Agent's Sjonature, if changing Registered Agent:	·	enj. wan	

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: (((H22000378263 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kelsie Rivers	1563 Capital Circle Sc #1056,	🖸 Add
		Tallahassee, FL 32301.	□Remove
			■ Change
			CAdd
			□Remove
			Change
			□ Add 2022 Nemator - 7 Change
			Change Pi
			(T) p
			[]Change
			□Add
			URemove
			C)Change
			□Add
			□Remove

(((H22000378263 3)))

it amending any other informa	ion, enter change(s) here: tAttach additional si	neers, y necessary,
<u> </u>		
•		
		20
· · ·		2022 KQV
		10. 3 . 9. ₹
		5 8
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing: t be specific and cannot be prior to date of filing or more the ock does not meet the applicable statutory filing requepartment of State's records.	an 90 days after filing.) Pursuant to 602.0207
e record specifies a delayed effectiv rd is tiled.	e date, but not an effective time, at 12:01 a.m. on the	carlier of: (b) The 90th day after the
Dated November 04	2022	
	Kelvie Airen. Signature of a member or authorized representative of a n	nember
•		
	Kelsic Rivers	

Filing Fee: \$25.00