L22000477642

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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

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_TO: Registration Section Division of Corporations R & SON'S RV SALES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROCKY R. MITCHELL Name of Person R & SON'S RV SALES, LLC Firm/Company 1409 E DUVAL ST Address LAKE CITY, FLORIDA 32055 City/State and Zip Code RSONSRV@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rocky R. Mitchell 438-0383

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

TO ARTICLES OF ORGANIZATION OF

R & SON'S RV SALES, LLC

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/7/2022 Florida document number L22000477642	and assig
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 a	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 naragent and/or the new registered office address here:	me of the new re
Name of New Registered Agent:	202 5: 203
New Registered Office Address: Enter Florida street address	AUN 2200
Florida	(S) 00 [
City	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 ag provisions of all statutes relative to the proper and complete performance of my duties, and I am	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of
A/P	ROCKY R. MITCHELL	1381 E DUVAL ST	≣Add
		LAKE CITY, FLORIDA 32055	□Remo
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			Change
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-	AM ADDING MYSELF AS AUTHORIZED PERSON TO THE LLC LISTED ABOVE AND BY DOING SO I
,	STILL WISH TO REMAIN OWNER & AUTHORIZED REPRESESNTATIVE OF THE ABOVE COMPANY
-	ADDING: ROCKY R. MITCHELL AS AUTHORIZED PERSON(s) TO THE ABOVE LLC
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an ef <u>ote:</u>	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
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