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

Office Use Only



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WNIC Amend

08/07/28--01326--020 **/35.00



A. RAMSEY AUG 2 8 2023

COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: COLOSSAL RV	SERVICELLC
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	Rych Menduzy Name of Person
	The RV Nevas
•	SH2 38th Ave N
	Address
St	Petersburg FL 33710 City/State and Zip Code
therv E-mail addro	Merds a Small. Com ess: (to be used for future annual report notification)
For further information concerning this matter, plea	se call:
Ryon Mentoza Name of Person	a1(727) 212 6598
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 Statu	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

COLOSSAL RI	/ SERVICE LLC
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 12300102002.	were filed on $\frac{02/27/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The RV NordS LLC	3
The new name must be distinguishable and contain the words "Ismited Liabilit Enter new principal offices address, if applicable:	y Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
	- Es
Enter new mailing address, if applicable:	· ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	ldress on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Page 2 of 3

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