

L23 000 266 096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

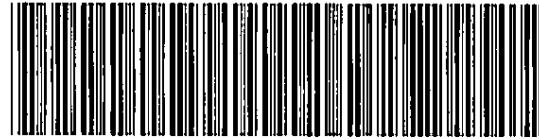
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700408655307

06/15/23--01002 104 **25.00

RECEIVED
2023 JUN 14 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUN 14 PM 4:28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OnTheGo RV Repair & Service
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:

Sonya A. Sword
Name of Person

~~OnTheGo~~ OnTheGo RV Repair & Services
Firm/Company

6451 SE 143 CT
Address

Morrison, FL 32668
City/State and Zip Code

~~onthegett~~ onthegorvllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya A. Sword at (352) 573-9207
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2023 JUN 14 PM 1:28
SECTION
TALL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OnTheGo ARV Repair & Service 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 June 1, 2023 and assigned Florida document number L23000266096

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:

Sonya A. Sward

New Registered Office Address:

6451 SE 143 Ct

Enter Florida street address

Morrison

City

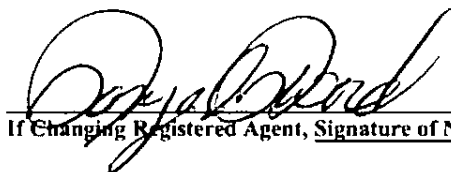
Florida

32668

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 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sony A Sward	6451 SE 143 Ct	<input checked="" type="checkbox"/> Add
		Morrison, FL 32668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nathan I Jenkins	6451 SE 143 Ct	<input checked="" type="checkbox"/> Add
		Morrison, FL 32668	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUN 14 PM 11:23
RECEIVED
JUN 14 2023

2023 JUL 16 PM 11:23

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 14 2023

[Signature]
Signature of a member or author

Signature of a member or authorized representative of a member

Sonya A. Sword
Typed or printed

Typed or printed name of signee