## L23000308722

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(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	• •	•
	· C&R Mobil	le RV Solutions, LLC		<b>'87</b>	.~
SUBJEC	CT:		ited Liability Company		
The enel	nead Articles of	Amendment and fee(s) are sub-	mitted for filing		
			-		
Picase re	tum all correspo	ndence concerning this matter	to the following:		
		Stillman R. Kelley, Jr.			
			Name of Person	· · · · ·	
		C&R Mobile RV Solutions	s, LLC		
		<del></del>	Firm/Company		
		133 South Walk Place			
		<del></del>	Address	<u>.</u>	
		St. Augustine, FL 32086			
			City/State and Zip Code		
		crmobilervsolutions@gmail	.com to be used for future annual report noti	fication)	
For furth	er information co	oncerning this matter, please ea		neutiony	
Stillman			904 377-8093		
	Name o	f Person		e Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>\$25</b> .	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &

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

4 5 A 6

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TILL

C&R Mobile RV Solutions, LLC

2023 JUL 10 AM 7: 21

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
	ALL AHASSES, ST
The Articles of Organization for this Limited Liability Compan	y were filed on June 27, 2023 and assigned
Florida document number L23000308722	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "L.L.C." 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)	
<u></u>	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	, Florida 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 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 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
AMBR	Stillman R. Kelley, Jr.	133 South Walk Place	<b>\B</b> Add
		St. Augustine, FL 32086	□Remove
			□ Change
			□Remove
			□ Change
		<del></del>	□Add
			□Remove
			□ Change
		**************************************	□Remove
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fan effective date is in <b>Note:</b> If the date is		specific and cannot be does not meet the	applicable statutory i		ional) r filing.) Pursuant to 605,020 is date will not be listed a
e record specifies a rd is filed.	delayed effective da	ite, but not an effec	ctive time, at 12:01 a	m, on the earlier of: (	b) The 90th day after the
Dated		. 2023	·		
	Str	-R. Kush	n Au		
	Sig	nature of a member g	Tauthorized representa	tive of a member	