

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RVF DESIGNS LLC.
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:

ANGEL R. VALENCIA
Name of Person

Firm/Company

307 NW 1ST AVE. APT. 205
Address

FORT LAUDERDALE FL, 33301
City/State and Zip Code

ANGELRICARDO81@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL R. VALENCIA FERNANDEZ at (954) 830-2846
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

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	ANGEL R. VALENCIA FERNANDEZ	307 NW 1 ST AVE	<input checked="" type="checkbox"/> Add
		APT. 205	<input type="checkbox"/> Remove
		FORT LAUDERDALE FL, 33301	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MY I.D. CARD SHOWS MY (2) LAST NAMES, THIS IS THE ONLY REASON I AM MAKING THIS AMENDMENT.

MY NAME SHOULD APPEAR AS: ANGEL R. VALENCIA FERNANDEZ.

OTHERWISE, THE BANKS WON'T OPEN AN ACCOUNT FOR ME.

THANKS IN ADVANCE.

Multiple horizontal lines for additional text or notes.

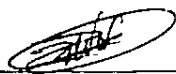
E. Effective date, if other than the date of filing: N/A (optional)

(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.

Dated JUNE 20 . 2024 .



Signature of a member or authorized representative of a member

ANGEL R. VALENCIA FERNANDEZ

Typed or printed name of signee