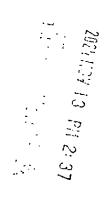
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(Requestor's Name)					
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations							
CLID IF CT.	Palm Beach F	RV Club, LLC					
SUBJECT:		Name of Limi	ted Liability Company				
The enclosed	Articles of A	mendment and fee(s) are subi	nitted for filing.				
		•	_				
Please return	all correspond	lence concerning this matter	to the following:				
		Nina Crespo					
Name of Person							
Palm Beach RV CLub, LLC							
	Firm/Company						
	616 Sealofts Dr Unit 105						
			Address	· · · · · · · · · · · · · · · · · · ·			
	Boynton Beach, FL 33426						
			City/State and Zip Code				
		alex5612016881@gmail.com					
		E-mail address: (1	o be used for future annual report r	notification)			
For further in	formation con	cerning this matter, please ca	ill:				
Nina Crespo			561 201-6881 at ( )				
Name of Person		Area Code Day	time Telephone Number				
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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)			
	ling Address:		Street Address				
Registration Section		Registration Section					
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on florida document number	08/06/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
	20 1.:
he new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	٠
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	: P
	2:
Enter new mailing address, if applicable:	<u>ن</u> براد المراد
Mailing address MAY BE A POST OFFICE BOX)	
7200000 0000 0000 0000 0000 00000	
3. If amending the registered agent and/or registered office address on our	records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Clorida street address
	, Florida
City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

D. L., D. . . L DV Clob L L C

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>	Address	Type of Action
President	Rebecca Alper	1404 Renaissance Way Boynton Beach, FL 33426	<b>=</b> Add
		·····	□ Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
		<del></del>	□ Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/07/2024 E. Effective date, if other than the date of filing: (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 November 7th 2024 Signature of a member or authorized representative of a member Nina Crespo Typed or printed name of signee

: . . .