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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: STUBBS RV, INC	2.	
DOCUMENT NUMBI	ER:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
F	RYAN D. STUBBS		
_		Name of Contact Persor	1
5	STUBBS RV, INC.		
-		Firm/ Company	
1	705 N 16TH STREET		
		Address	
ן -	AMPA, FLORIDA 33605		
	•	City/ State and Zip Code	2
RYAN	DSTUBBS@YAHOO.CO!	М	√
	E-mail address: (to be us	sed for future annual report	
For further information	concerning this matter, pleas	se call:	
RYAN D. STUBBS		at (813	924-1136
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MID-FLORIDA RV RENTALS, INC

WID-FEORIDA RV RENTALS, INC.		
(Name of Corporation as curren P11000079110	tly filed with the Florida Dept. of Sta	<u>te</u>)
	6.6	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
STUBBS RV, INC.		✓ The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co" A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:	6136 LEWIS AVE	
(Principal office address MUST BE A STREET ADDRESS)	GIBSONTON, FLORIDA 33534	
	<u> </u>	
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1705 N 16TH STREET	
•	TAMPA, FLORIDA 33605	PA
		<u> </u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
N/A	_	
Name of New Registered Agent	· , · ·	
(Florida s	treet address)	<u> </u>
N/A		
New Registered Office Address:	, Florida (City)	(Zip Code)
	•	()
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		a martita a c
r nervoy accept the appointment as registered agent. I am jumitial	with that accept the obligations of the f	ontion.
- Y) (A	Registered Agent, if changing	
Signature of New i	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A -	N/A	N/A
Add			
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove			
3) Change	N/A ———	N/A ————————————————————————————————————	N/A -
Add			
Remove			-
4) Change	N/A	N/A	N/A
Add			
Remove			
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A	N/A
Add			
Remove			

(Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
N/A	
<u> </u>	
lfon	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
N/A	
_	
·	

	08/30/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	3/30/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	u(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/30/20 Dated	18	
Signature _ R	yan D. Stubbo	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	ourt
	RYAN D. STUBBS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	