P18000041581

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. GOLDEN
JUN 2 1 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER:	Apria Lux	ury Lu F	entals, Inc	
DOCUMENT NUMBER:	7130000	11581		
The enclosed Articles of Amendme	$m{n}$ and fee are submitted for	r filing.		
Please return all correspondence co	cerning this matter to the t	ollowing:		
	Forus	Sycamon of Contact Person		
	Name o	of Contact Person		
	FULLET	Syaman	P.A Drive Suite 470	
<u> </u>	Fir	m/ Company	1	
	7300 A). Kudall	Drive Suite 470	
	\mathcal{O}	Address		
	Kion	12 33/	5U	
	City/ St	ate and Zip Code		
Fi	wird EDSyama.	www.ctm	•	
E-mail a	ddress: (to be used for futu	re annual report no	otification)	
For further information concerning				
Forest Syaman		at (& Daytime Telephone Number	
Name of Contact Pe	son	Area Code	& Daytime Telephone Number	
Enclosed is a check for the following	g amount made payable to	the Florida Depart	ment of State:	
	cate of Status Certif	ied Copy ional copy is	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street A		
Amendment Sect Division of Corpe		Amendment Section Division of Corporations		
P.O. Box 6327	ranotis	Clifton B	·	
Tallahassee, Fl. 3	2314		ecutive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 4, 2018

FORREST SYGMAN 7300 N. KENDALL DRIVE SUITE 450 MIAMI, FL 33156

SUBJECT: ARVIA LUXURY RV RENTALS, INC

Ref. Number: P18000041581

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 118A00011563



May 21, 2018

FORREST SYGMAN 7300 N. KENDALL DRIVE

SUNTE 450 MIAMI, FL 33156

SUBJECT: ARVIA: LUXURY RV RENTALS, INC

Ref. Number: P18000041581

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 818A00010555

www.sunbiz.org

Articles of Amendment

Articles of Incorporation

FILED

AM 10: 42

Arvia Loxum	EV Renal	s tac		2018 JUN 18	
	on as currently fil	ed with the Florida D	Dept. of State)	SECRETARY TALLAHASSE	UF STATE
7130	000 4 581				ביי בטאונו
(Docum	nent Number of Co	rporation (if known)			
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the fol	lowing amendment	(s) to
If amending name, enter the new name of the co	rporation:				
				The new	
ame must be distinguishable and contain the wore Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the c	." "Inc," or "Co"	. A professional corp	orporated" or poration name	the abbreviation must contain the	
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	- :				
If amending the registered agent and/or register		in Florida, enter the	name of the	<u> </u>	
Name of New Registered Agent					
	(Florida street c	uddress)		_	
New Registered Office Address:			, Florida		
	(Cit	יי		(Zip Code)	
ew Registered Agent's Signature, if changing Reg					
hereby accept the appointment as registered agent	I am familiar with	and accept the obligat	tions of the posi	tion	

Signature of New 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		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	4	<u>Addres</u> s
1) Change	P	Willian	Villagana	7300 N. Kondall brive Suite 450 Micros, Pl 33152.
Add			,	Suite 450
Remove				Micai , Pl 33152.
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			<u>-</u>	
Add				
Remove				
5) Change				
Add				
Remove				-
6) Change				
Add				
Remove				

<u>If amendi</u>	ng or adding additiona	l Articles, enter ch	ange(s) here:			
(Attach ad	ditional sheets, if necess	ary). (Be specific,	ł			
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16	ndment provides for a	. arabanga yaslass	Contion or oung	Matian of icenad sk	hana.	
provisio:	ns for implementing the	e amendment if not	contained in the	amendment itself:	nares,	
(if no	ot applicable, indicate N	/d)		<u></u>	•	
				-		
				 		
						
						

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
The content of the co	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this dat t of State's records.	te will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s for approval.	;)
	the shareholders through voting groups. The following stateme ting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholde	τ
action was not required.	the incorporators without shareholder action and shareholder	
Dated	8100	
\sim	λ	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other cour	1
appointed fiduc	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Directo	y
	(Title of person signing)	