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Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

COVER LETTER

(((H23000385215 3)))

SUBJECT: R&R HOLIDAY LLC Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 #220 Address **HOUSTON TX 77064** City/State and Zip Code EFILE1234@INCFILE.COM E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 8884623453 LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H23000385215 3)))

R&R HOLIDAY LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000486808</u> .	y were filed on	10/24/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the abb	reviation "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)			- a
			<u>-</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our ro	cords, <u>enter the name</u>	of the new registere
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this c c performance of provided for in C	my duties, and I am fo hapter 605, F.S. Or. i	uniliar with and f this document is
If Chi	inging Registered Age	nt, Signature of New Regi	stered 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: (((H23000385215 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Ryan Mclaughlin	10627 Wheelhouse Circle	
		Boca Raton Fl 33428	□Remove
AMBR	Ryder Piekos	9236 Gettysburg Rd	□Add
	Boca Raton FL 33434	□Remove	
		MChange	
			🗆 Add
			□Remove
			□Change
			□ Add
		□Remove	
		Change	
		□Add	
		□Remove	
	.	□Change	
		□Add	
			□Remove
		□ Change	
		((((H23000385215 3)))

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
f 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 ecord is filed.
Dated November 06 2023 Signature of a member or authorized representative of a member
Ryan Mclaughlin

(((H23000385215 3)))

Typed or printed name of signee