

LD2000029643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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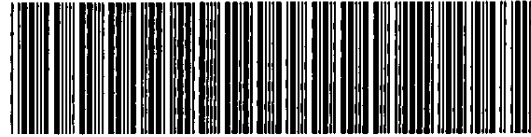
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 15 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R&R Enterprises, Limited Liability Company  
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:

Rene Rodriguez  
Name of Person

R&R Enterprises, Limited Liability Company  
Firm/Company

550 Port-O-Call Way  
Address

Naples, Florida 34102  
City/State and Zip Code

12zyblan@aol.com  
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Rodriguez at (239) 774-0479  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

R & R ENTERPRISES, Limited Liability Company  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11-06-2002 and assigned  
Florida document number LO2000029643

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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

R & R ENTERPRISES OF NAPLES FLORIDA, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

550 Port-O-Call Way  
NAPLES, Florida  
34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

550 Port-O-Call Way  
NAPLES, Florida  
34102

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rene Rodriguez

New Registered Office Address:

550 Port-O-Call Way

Enter Florida street address

NAPLES

City

Florida

34102

Zip Code

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

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 608, 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.

Rene Rodriguez  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RENE RODRIGUEZ	6167 Adkins Ave. NAPLES, Florida 34112	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SEAN McCullagh	6749 Burkham Ct. NAPLES, Florida 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	KAREN Regent	6167 Adkins Ave. NAPLES, Florida 34112	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RENE RODRIGUEZ	6749 Burkham Ct. NAPLES, Florida 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

NONE

Dated 13 DECEMBER, 2011

Rene Rodriguez

Signature of a member or authorized representative of a member

RENE RODRIGUEZ

Typed or printed name of signee

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