

L0700004/4517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

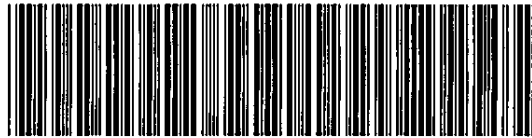
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RR & M, LLC.

(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:

Steve Barile

(Name of Person)

Scott Nelson CPA

(Firm/Company)

4890 W. Kennedy Blvd # 240

(Address)

Tampa, FL 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Barile

(Name of Person)

at (

813

286-7946

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

RR & M, LLC.

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 4-26-07 and assigned  
document number L07000044517.

**SECOND:** This amendment is submitted to amend the following:

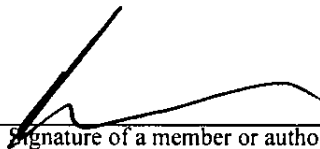
Article II: To correct the principal place of business, and mailing address to:

1108 Arlanie Rd

Brooksville, FL 34604

**FILED**  
2007 May -4 P 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated May 30th, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SCOTT F. NELSON

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**