207000044517

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

ROGER H MAY 1108 ARLAINE RD BROOKSVILLE, FL 34604

SUBJECT: RR & M, LLC. Ref. Number: L07000044517

We have received your document for RR & M, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L05000027022.

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) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 014A00001992

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rame 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:		
RREMILLC Firm/Company		
1108 Aclanie Rd Address	2014 F! \$1.68 7/11 A	-
Brooksville Fl 34604 City/State and Zip Code	FEB -8 METARY O AHASSEE	
dustus trucking in @ hellsouth. net E-mail address of (to be used for future annual report notification)	PH & 20 OF STATE E. FLORID	
For further information concerning this matter, please call:	20 WE RID/	
Poge H May at (352) 799-6600 Area Code Daytime Telephone Number	······	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K K & M, L	LC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on June H, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and end with the words "Limited Li	Dustus K+MILLC
Enter new principal offices address, if applicable:	1108 Arlanie Rdin &
(Principal office address MUST BE A STREET ADDRESS)	Brooksville, Fl 3-10-5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Drooks ville, Fl 34 Boy 6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	er H May
New Registered Office Address:	Arlanie Kol Enter Florida street address
Book	Sville , Florida 3-160H 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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

$MGR = M_3$ $AMBR = A_1$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mary May	1108 Adanie Rd Brooksville, Fl 34604	≯ Add
	,	Brooksville, Fl 34604	□ Remove
			□ Remove
			2014 FEW-
			NRY OF STATE 20
			Add
			□ Remove
			🗆 Remove
			☐ Remove

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ctive date, if other than the date of filing: [fective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the prior to date o	oot be more than 90 days after
ate this document is filed by the Florida Department of State)	
11 0011	
4 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	
1 Sanuary 16, 2014.	
Lanuary 16 , 2014.	

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Filing Fee: \$25.00