

L10000129658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

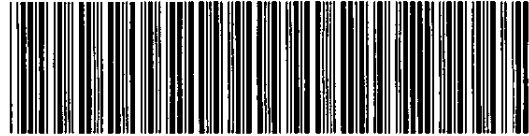
(Business Entity Name)

(Document Number)

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2015 AUG 24 P 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RNR STRATEGIES, 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:

Name of Person  
**RNR STRATEGIES, LLC**  
Firm/Company  
**283 Cranes Roost Blvd., Suite 111**  
Address  
**Altamonte Springs, FL 32701**  
City/State and Zip Code  
**corprenews@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at ( **407** ) **233-1682**  
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

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

RNR STRATEGIES, LLC

(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 12/20/2010 and assigned  
Florida document number L10000129658.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

283 CRANES ROOST BLVD., STE 111

(Principal office address MUST BE A STREET ADDRESS)

ALTAMONTE SPRINGS, FL 32701

Enter new mailing address, if applicable:

283 CRANES ROOST BLVD STE 111

(Mailing address MAY BE A POST OFFICE BOX)

ALTAMONTE SPRINGS, FL 32701

**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:

CORPORATION SERVICE COMPANY

New Registered Office Address:

1201 HAYS STREET

*Enter Florida street address*

TALLAHASSEE

Florida

32301

*City*

*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.*

8-12-2015

ASST VP

Brandy Hendrick

If Changing Registered Agent, Signature of New Registered 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:**

**MGR = Manager**  
**AMBR = Authorized Member**

| <u>Title</u> | <u>Name</u>                    | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------------------|----------------------|--------------------------------------------|
| MGR          | RNR MANAGEMENT, LLC            | 2441 WEST SR 426     | <input type="checkbox"/> Add               |
|              |                                | SUITE 1011           | <input checked="" type="checkbox"/> Remove |
|              |                                | OVIEDO, FL 32765     | <input type="checkbox"/> Change            |
| MGR          | AMERICAN ASSET MANAGEMENT, LLC | 1817 CHEROKEE STREET | <input checked="" type="checkbox"/> Add    |
|              |                                | ST. LOUIS, MO 63118  | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |
|              |                                |                      | <input type="checkbox"/> Add               |
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|              |                                |                      | <input type="checkbox"/> Change            |
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|              |                                |                      | <input type="checkbox"/> Change            |
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|              |                                |                      | <input type="checkbox"/> Remove            |
|              |                                |                      | <input type="checkbox"/> Change            |

2015 AUG 24 P 3:01  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2015 AUG 24 P 3:07  
SECRETARY OF STATE  
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