

(Re	(Requestor's Name)			
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( <u>\</u>	ldress)			
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(Cit	ty/State/Zip/Phone	<del>e</del> #)		
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B. BOSTICK

JAN 2 4 2012

EXAMINER

## **COVER LETTER**

TO:	· Registration S Division of Co			
SUBJ	ECT:	R&R	Cradles LLC	
JUDO		Name of Limi	ted Liability Company	_
The er	nclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Peter Ryan	
			Name of Person	
			R&R Cradles, LLC	
			Firm/Company	
			12139 57th Rd North	
			Address	<del></del>
		West F	Palm Beach, Florida, 33411	
		7700(1	City/State and Zip Code	- Bo
		crac	llebuilders@yahoo.com	12 J
For fu	rther information	e-mail address: (	to be used for future annual report notification)	JAN 23 Allassa
		ζ, γ		73.4
		Peter Ryan of Person	at ( 561 ) 685-7770  Area Code & Daytime Telephone Num	nher 95 G)
	Name	oi reisoii	Area code & Dayline Telephone Nun.	Pil 3: 48
Enclos	sed is a check for	the following amount:		
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<b>3</b> :

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	R&R Crac d Liability Compa A Florida Limited	dles, LLC  ny as it now appears on our records  Liability Company)	<u>i.</u> )	<del></del>		
The Articles of Organization for this Limited L Florida document number L1100004		were filed onApril 26, 20	<u>11</u>	and assi	gned	
This amendment is submitted to amend the following	·					
A. If amending name, enter the new name of	f the limited liab	oility company here:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the designati	on "LLC"	or the ab	breviation	
Enter new principal offices address, if applic	able:	12139 57th Rd North				
(Principal office address MUST BE A STREET ADDRESS)		West Palm Beach, FL 33411				
			7.5	h		
Enter new mailing address, if applicable:		12139 57th Rd North	AHAS	JAN 2	11 - 1424 12 - 1	
(Mailing address MAY BE A POST OFFICE BOX)		West Palm Beach, FL 334	11	C''.	4 4	
			77)	<u> </u>	areary.	
B. If amending the registered agent and/ registered agent and/or the new registered or	or registered of ffice address her	fice address on our records, <u>en</u> <u>e</u> :	ter the n	gr-tenen,	the new	
Name of New Registered Agent:						
New Registered Office Address:	12139 57th	Rd North				
		Enter Florida street	address			
		t Palm Beach , Florid	a	33411	,	
		City		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.

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

Add   Remo	<u> Citle</u>	<u>Name</u>	Address	Type of Action
Add   Remo   Add   Add   Remo   Add   Add   Remo   Add   Add   Add   Remo   Add				
Add   Remo   Add   Add   Add   Remo   Add   Add   Add   Remo   Add   Ad				Kemove
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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23 <u>23 23 23 23 23 23 23 23 23 23 23 23 23 2</u>	. If amendi	ing any other information, enter o		
	<del></del> -			12 J
				<u> </u>
Pute 9 MM				
	ated	D.L.		RIDA RRIDA
Signature of a member or authorized representative of a member		Signature of a m	ember or authorized representative of a mo	ember

Page 2 of 2

Filing Fee: \$25.00