

L13000028763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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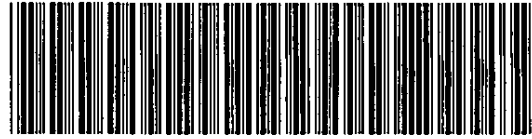
(Business Entity Name)

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JUN 05 2013  
D. BUTLER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **RRBUCK, 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:

**Howard C. Stross**

Name of Person

**Stross Law Firm, P.A.**

Firm/Company

**1801 Pepper Tree Drive**

Address

**Oldsmar FL 34677**

City/State and Zip Code

**hstross@strosslaw.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Howard C. Stross**

Name of Person

**813 852-6500**

at ( )

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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## Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated May 28, 2013.

Howard C. Stross, AS AUTHORIZED REPRESENTATIVE  
Signature of a member or authorized representative of a member

HOWARD C. STROSS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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