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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Mel 9124125

## **COVER LETTER**

TO: Registration Sec Division of Corp		•			
	uction Management LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Andrew O Delgado				
		Name of Person			
	RRR Construction Manag	ement LLC			
		Firm/Company			
	334 Moonlight Bay Dr				
		Address			
	Panama City Beach Florid	la 32407			
		City/State and Zip Code	<del></del>		
	panhandlebuilding@gmail.	com  to be used for future annual report notifi	cation)	2025	
For further information co	oncerning this matter, please of	-	,44,011)	2025 4115 - 6	1 1 
Andrew O Delgado		850 851-8714		8 PF	E =
Name of	Person	Area Code Daytime	Telephone Number	PH 12: 03	C
Enclosed is a check for th	c 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 Fe Certificate of St Certified Copy (additional copy is a	atus &	
Mailing Address	<u>u</u>	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	oility Company as it now appears on our recording Limited Liability Company)	<u>&gt;.</u> )
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	<del></del>	. 2
Walling address WAT BE A FOST OFFICE BOX		<del></del>
B. If amending the registered agent and/or register	red office address on our records, enter	the name of the new regist
agent and/or the new registered office address here		C PH J
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Futon Florido nemas addam	
New Registered Office Address:	Enter Florida street addres.	· · · · · · · · · · · · · · · · · · ·

## 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 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>	Address	Type of Action
AMBR	Andrew J Delgado	334 Moonlight Bay Dr Panama City Beach Fl 32407	7 <b>∃</b> Add
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			□Add
			□Remove
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