

L13000103557

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

NOV 25 2014  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

R&R McGregor LLC.

SUBJECT: \_\_\_\_\_  
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:

Ronald McGregor

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4005 Bahia Isle Circle

\_\_\_\_\_  
Address

Wellington, Fl. 33449

\_\_\_\_\_  
City/State and Zip Code

ronmcgregor2@gmail.com

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

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TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Ronald McGregor

561 792-4084

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**R&R McGregor 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 July 19, 2013 and assigned  
Florida document number L13000103557.

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 end with the words "Limited 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida**

*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.*

\_\_\_\_\_  
If Changing Registered Agent, **Signature of New Registered Agent**

**Authorized Member 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	Ronald McGregor	4005 Bahia Isle Cir. Wellington, Fl. 33449	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Ronald McGregor	4005 Bahia Isle Cir. Wellington, Fl. 33449	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Rosemary McGregor	4005 Bahia Isle Cir. Wellington, Fl. 33449	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Rosemary McGregor	4005 Bahia Isle Cir. Wellington, FL. 33449	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

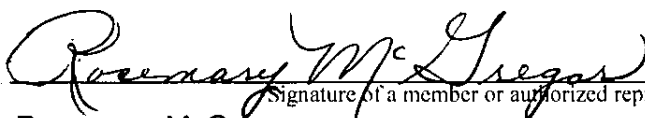
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

11/11/2014

Dated \_\_\_\_\_, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rosemary McGregor

\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FL 32399

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