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(Re	equestor's Name)	
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COVER LETTER

Division of Co		•	``
	Gregor LLC		
30bjec1	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ronald McGregor		
		Name of Person	
	R&R McGregor LLC		
		Firm/Company	
	4005 Bahia Isle Circle		
		Address	
	Wellington, Fl. 33449		異なっ
		City/State and Zip Code	·
	ronmcgregor2@gmail.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notif all:	lication)
Ronald McGregor		561 792-4084	
Name	of Person	Area Code Daytime	c Telephone Number
Enclosed is a check for t	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)
	We approa		

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

R&R McGregor LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records d Liability Company)	.)
The Articles of Organization for this Limited Liability Compar	y were filed on	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 lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he	office address on our records, <u>re</u> :	, <u>enter the name of the ne</u>
Name of New Registered Agent:		
Now Projectored Office Address		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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

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> **Name Address Type of Action** MGR Ronald McGregor \square Add 4005 Bahia Isle Circle, Wellington, FL 33449 **■** Remove _□ Change 4005 Bahia Isle Circle, Wellington, FL 33449 MGRM RONALD MCGREGOR TRUSTEE **■** Add OF THE RONALD MCGREGOR _□ Remove REVOCABLE LIVING TRUST DATED MARCH 15, 2002 Change □ _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove

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(If an effective date Note: If the date	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or e inserted in this block does not meet the applicable statutory fili- ctive date on the Department of State's records.		
	ecifies a delayed effective date, but not an effective ay after the record is filed.	time, at 12:01 a.m. on the earlie	er of:
DatedM	ARCH 30, 2017.		
X	ARCH 30, 2017. Corald M. Gregor Signature of a member or authorized representation	ve of a member	
	ıld McGregor		

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Typed or printed name of signee

Filing Fee: \$25.00