

#L14000056435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

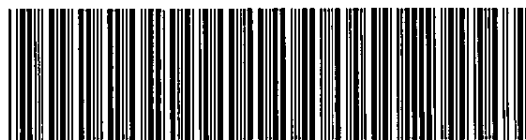
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400258663324

TO: K. SALY  
SUFFICIENT OF FILING

2014 APR -9 PM 1:51

K. SALY  
EXAMINER  
APR 10 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 088554 7989791

AUTHORIZATION

*[Handwritten signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 9, 2014

ORDER TIME : 11:53 AM

ORDER NO. : 088554-005

CUSTOMER NO: 7989791

DOMESTIC AMENDMENT FILING

NAME: RRRRMOT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RRRRMOT, 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:

REBEKAH MACFARLANE  
\_\_\_\_\_  
Name of Person

RRRRMOT, LLC  
\_\_\_\_\_  
Firm/Company

2797 FIRST STREET, UNIT 2001  
\_\_\_\_\_  
Address

FORT MYERS, FLORIDA 33916  
\_\_\_\_\_  
City/State and Zip Code

REBEKAHMACFARLANE@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBEKAH MACFARLANE  
\_\_\_\_\_  
Name of Person

646 812-6262  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2014 APR -9 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RRRRMOT, 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 APRIL 7, 2014 and assigned  
Florida document number L14000056435.

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)

2500 Edwards Drive

Fort Myers, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2797 First Street, Unit 2001

Fort Myers, FL 33916

**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:

Robert MacFarlane

New Registered Office Address:

2500 Edwards Drive

Enter Florida street address

Fort Myers

Florida 33916

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.*

Robert A. MacFarlane  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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>
AMBR	ROBERT MACFARLANE	2500 EDWARDS DRIVE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
MGR	ROBERT MACFARLANE	2500 EDWARDS DRIVE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
MGR	REBEKAH MACFARLANE	2797 FIRST STREET, UNIT 2001	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated APRIL 9, 2014

Robert A. MacFarlane  
Signature of a member or authorized representative of a  
member Robert MacFarlane

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

Page 3 of 3

Filing Fee: \$25.00