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COVER LETTER

Registration Section
Division of Corporations

TO:

R&R TRA	VELING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONRICO K SMITH		
		Name of Person	
	R&R TRAVELING LLC		
		Firm/Company	
	6414 CYPRESSDALE DE	R UNIT 102	
		Address	
	RIVERVIEW, FL 33578		
		City/State and Zip Code	
	ric0552@icloud.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
		at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&R TRAVELING LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

were filed on 4/21/2015	and assigned
	- (5.3 - (5.3
ility company here:	
	<u>.</u>
lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
	- · · · · · · · · · · · · · · · · · · ·
address on our records, <u>enter</u>	the name of the new regis
	
D (5) (4)	
Enter Florida street addre:	3.5
	oridaZiv Code
	address on our records, enter

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>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
		-	□Remove
			□Add
			Remove
			Change
		 	□Add (%)
			□ Add □ Remove
			□Change
			□ Add
			□ Remove
		 -	
			□Remove
			□Change

D. If amending any other info	,	, / (
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C. Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in the document's effective date on the content of the c	nis block does not meet the a	applicable stat	utory filing requiren	nents, this date w	dursuant to 605.0207 (3 ill not be listed as th
f the record specifies a delayed ef ecord is filed.	ective date, but not an effec	tive time, at 12	2:01 a.m. on the ear	lier of: (b) The	90th day after the
Dated April 29	2020	<u></u>	AAA		
	Signature of a member of	r authorized rep	resentative of a memb	er	
	RON	NRICO K SMI	ТН		

Filing Fee: \$25.00

Typed or printed name of signee