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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

TO: Registration Sec Division of Corp			
Sitaraz LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John L. Whiteman, Esq.		
		Name of Person	
	St. Johns Law Group, P.A.		
		Firm/Company	
	104 Sea Grove Main Stree	t	
		Address	
	St. Augustine, FL 32080		
		City/State and Zip Code	,
	ashdji@gmail.com	to be used for future annual report noti	(Castian)
For firsther information as		•	neation)
	encerning this matter, please ca	ail:	
John L. Whiteman, Esq.		904 495-0400 at ()	- The state of the
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		e l'elephone Number 2011 JAN 2
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SITARAZ LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability Company (A Florida Limited Liability Company as (A Florida Liab	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L16000000690	filed on 12/30/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
R&R Hotels, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	npany," 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 registered agent and/or the new registered office address here:	nddress on our records, enter the name of the new
Name of New Registered Agent:	2017 SEC
New Registered Office Address:	₹# \ T
	Enter Florida street address (S):
	ity Zip Code
New Registered Agent's Signature, if changing Registered Agent:	RAIE 2
I hereby accept the appointment as registered agent and agree to	act in this capacity. I further agree to comply with the

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if	other than the da listed, the date must b	ate of filing	g:	uto dete offic	a an many than O	(option	al)	ant to 605030
Note: If the date i	nserted in this bloc	c does not r	neet the appli	cable statutor	y filing require	ments, this da	ate will no	ot be listed a
locument's effecti	ive date on the Dep	artment of S	State's record	S.				
e record speci	fies a delayed e	effective (date but n	ot an effec	tive time at	12·01 a n	n on th	e earlier (
The 90th day	after the recor	d is filed.	aute, but ii	or an ence	cive cime, ac	12.01 4.1	011 611	e comer (
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January 20	_		, 2017	·				
Dated								

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Typed or printed name of signee

Filing Fee: \$25.00