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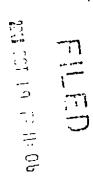
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COVER LETTER

TO:		stration Sec sion of Corp				
SUBJE		R & R Villan				
SUDJE	CI:		Name of Lim	ited Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn :	ill correspon	dence concerning this matter	to the following:		
•			John L. Whiteman, Esquire	e		
			St. Johns Law Group	Name of Person		
				FirnvCompany		
			104 Sea Grove Main Street			
			St. Augustine, FL 32080	Address		
			jwhiteman@sjlawgroup.com	City/State and Zip Code n		
			E-mail address: ()	to be used for future annual report notification)		
For furth	her int	ormation cor	ncerning this matter, please ea	all:		
John L.	White	man		904 495-0400 at ()	* *	· ~;
Encloses	d is a .	Name of I	Person following amount:	Area Code Daytime Telephone Number	; ;	1
≅ \$25.			□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		3

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 Villano 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 11/14/2016 and assigned Florida document number L16000208139 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 contain 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) 45 Seton Trail Enter new mailing address, if applicable: Ormond Beach, FL 32176 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Address</u>	Type of Action	
MGR	Farid Ashdji	1111 N. Ponce de Leon Blvd.		
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		St. Augustine, FL 32084		
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