117000231439

	\! .
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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		COVER LETTER
TO: Registration S Division of Co		· ·
R+R 2017 SUBJECT:	LLC	
SUBJECT:	Name of iLin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Reuben Alcalay	
	Reducti Alcalay	Name of Person
	R&R 2017 LLC	Name of Ferson
	- II	Firm/Company
	156 Las Brisas Circle	
		Address
	Hypoluxo, Florida	33462
		City/State and Zip Code
	usinvestplan@gmail.com E-mail address:	(to be used for future annual report notification)
For further information	eoncerning this matter, please o	call:
Reuben Alcalay		561 8090100
Name	of Person	at ()
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	ANG ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle
	i 1	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R+R 2017 LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000231439	were filed on November 07, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
R&R 2017 LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7800 Congress Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite 206
	Boca Raton Florid, 33487
Enter new mailing address, if applicable:	156 Las Brisas Circle
(Mailing address MAY BE A POST OFFICE(BOX)	Hypoluxo Florida. 33462-7072
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: N/A	
New Registered Office Address:	## 7
	Enter Florida street address Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleating filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

IGR = Ma MBR = Au	anager uthorized Member		
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<u> </u>	
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			Change
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			Remove
			Change

	Amendment being made is to the name	
•	The IRS does not allow the use of the plus	(+) sign for purposes of obtaining an EIN number.
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	<u></u>	FILE NOV 22
		## N M M M M M M M M M M M M M M M M M M
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(If an <u>Not</u>	ective date, if other than the date of filing effective date is listed, the date must be specific and etc. If the date inserted in this block does not ument's effective date on the Department of	d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), meet the applicable statutory filing requirements, this date will not be listed as the
	record specifies a delayed effective ne 90th day after the record is filed	date, but not an effective time, at 12:01 a.m. on the earlier of:
Date	ed11/07/2017	1
	Signature of a	member or authorized representative of a member
		Reuben Alcalay
		Typed or printed name of signee
		Page 3 of 3
		Filing Fee: \$25.00