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(Requestor's Name)	
(Address)	
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(Business Entity Name)	
(Document Number)	
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J. HARRIS

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: R&R	Carpenrty of Limi	and Stone LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert M	AcCray Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
		to be used for future annual report notil	ication)
For further information of	concerning this matter, please co	all:	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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 Carpent Ty (Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 1800014/13 9</u>	-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit RR CANCESTO CANA STO The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.) Enter new mailing address, if applicable:	ited Liability Company," the designation "LLC" or the	FILED AN 8
(Mailing address MAY BE A POST OFFICE BOX)		5.5
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zıp Code
	City	zip Coae

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
		 	
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E. Effectiv (If an effer	te date, if other than the date of filing: (option of the date must be specific and cannot be prior to date of filing or more than 90 days after the date must be specific and cannot be prior to date of filing or more than 90 days after the date must be specific and cannot be prior to date of filing or more than 90 days after the date o	onal) r filing.) Pursuant to 605.020
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, thi	s date will not be listed a
docume	nt's effective date on the Department of State's records.	
If the second	and appelling a delayed effective data but not an effective time at 12.01	
	and specifies a delayed effective date, but not an effective time, at $12:01$ and $30:00$.	a.m. on the earlier o
Dated	6-13-18	
	<u> </u>	
	~ 1.0 ~ 1.0	
	MIC TO MICO	
	Signature of a member or authorized representative of a member Robert McCray Weed or printed name of signee	N 13 AM

Page 3 of 3

Filing Fee: \$25.00