# L20 000 156631

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| , , ,                                   |
| (City/State/Zip/Phone #)                |
| (Oity/Otate/Zip/r Horie #)              |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Certified copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only

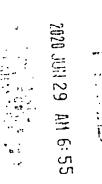


200346777302

06/38/20 -010n! -025 (\*\*25.90

RECEIVED
JUN 29 2020

AUG 11 2020 S. YOUNG



### **COVER LETTER**

Tallahassee, FL 32314

| TO:            |        | istration Sec<br>ision of Cor |   |   |                                |                  |                 |
|----------------|--------|-------------------------------|---|---|--------------------------------|------------------|-----------------|
| SUBJEC         | ст∙    | R&R MON                       | TENEGRO LLC                                     |   | •                              | rae <sup>n</sup> |                 |
| 30001          | ٠.     | ·*                            | Name of Lim                                     | nited Liability Company                                     |                                |                  | t-              |
| The encl       | losed  | Articles of a                 | Amendment and fee(s) are sub                    | omitted for filing.   |                                |                  |                 |
| Please re      | eturn  | all correspon                 | ndence concerning this matter                   | to the following:   |                                |                  |                 |
|                |        |                               | ROBERTO MONTENEO                                | GRO   |                                |                  |                 |
|                |        |                               |   | Name of Person  |                                |                  | _               |
|                |        |                               |   | Firm Company  |                                |                  | _               |
|                |        |                               | 5300 SOUTHERLY WA                               | Y   |                                |                  |                 |
|                |        |                               |   | Address   | · · ·                          |                  | _               |
|                |        |                               | SARASOTA, FL 34232                              |   |                                |                  |                 |
|                |        |                               |   | City/State and Zip Co                                       | ode                            |                  | _               |
|                |        |                               | E-mail address: (                               | to be used for future ann                                   | nual report notifica           | tion)            |                 |
| For furth      | er in  | formation co                  | oncerning this matter, please o                 | all:  |                                |                  |                 |
| ROBER          | ОТЯ    | MONTENE                       | GRO   | 941   | 217-9863                       |                  |                 |
|                |        | Name of                       | Person  | at ()<br>Area Code  | Daytime Te                     | dephone Numb     | er              |
| Enclosed       | l is a | check for th                  | e following amount:                             |   |                                |                  |                 |
| <b>4</b> \$25. | 00 F   | iling Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing F<br>Certified Copy<br>(additional copy is | r .                            | Certifie         | ate of Status & |
|                |        | ling Address                  |   |   | t Address:                     |                  |                 |
|                |        | istration S<br>ision of Co    | ection<br>orporations                           |   | stration Sectionsion of Corpor |                  |                 |
|                |        | Box 6321                      |   |   | Centre of Tall                 |                  |                 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### **R&R MONTENEGRO LLC**

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

|  | • • •  | · 05                            |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liability        | Company were filed on06/08/20                  | and assigned                    |
| Florida document number L20000156631                           | ·  |                                 |
| This amendment is submitted to amend the following:            |  |                                 |
| A. If amending name, <u>enter the new name of the lin</u>      | nited liability company here:                  |                                 |
| R&R MONTENEGRO TRUCKING LLC                                    |  |                                 |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:            |  |                                 |
| (Principal office address MUST BE A STREET ADD                 | RESS)  |                                 |
|  |  |                                 |
|  |  |                                 |
| Enter new mailing address, if applicable:                      |  |                                 |
| Mailing address MAY BE A POST OFFICE BOX)                      |  |                                 |
|  |  |                                 |
|  |  |                                 |
| B. If amending the registered agent and/or register            |  | the name of the new regis       |
| igent and/or the new registered office address here:           |  |                                 |
| Name of New Registered Agent:                                  |  |                                 |
| Maint of New Registered Agent.                                 | -  |                                 |
| New Registered Office Address:                                 | Enter Florida street addre                     |                                 |
|  | rmer r tortda street addre                     | 12,                             |
|  |  | lorida<br>Zip Code              |
|  | City   | Zip Code                        |

#### 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| or removed from our records:              |  |  |
|---|--|--|
| MGR = Manager<br>AMBR = Authorized Member |  |  |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             | ·       |                |
|              |             |         | □Remove        |
|              |             |         | □Change        |
|              |             |         | □∧dd           |
|              |             |         | □Remove        |
|              |             |         | ☐ Change       |
|              |             |         | DAdd           |
|              |             |         | □Remove        |
|              |             |         | □Change        |

|   |                           |                          | ·                        |
|---|---------------------------|--------------------------|--------------------------|
|   |                           |                          |                          |
|   |                           |                          |                          |
|   |                           |                          | •                        |
|   |                           |                          | <del>_</del>             |
| <del></del>   |                           |                          |                          |
|   |                           |                          |                          |
|   |                           |                          |                          |
|   |                           |                          | <del> </del>             |
|   |                           |                          |                          |
|   |                           |                          | · · · ·                  |
|   |                           |                          |                          |
| -   |                           |                          |                          |
|   |                           |                          | <del>-</del>             |
|   |                           | <del></del>              |                          |
|   |                           |                          |                          |
| ctive date, if other than the date of filing:<br>effective date is listed, the date must be specific and cann | An and one of the Collin  | (option                  | al)                      |
| <u>e:</u> If the date inserted in this block does not meet t  | e applicable statutory fi | ing requirements, this d | ate will not be listed a |
| iment's effective date on the Department of State'.   | records.                  |                          |                          |
| ord specifies a delayed effective date, but not an el   | ective time at 12:01 a n  | on the parlier of thi    | The Oth due offer the    |
| filed.  | convertine, in 72,07 a.n. | i. on the carrier of, to | The Markay after th      |
| JJUNE 24TH 20   | 20                        |                          |                          |
| rd  |                           |                          |                          |
|   | <u> </u>                  |                          |                          |

Typed or printed name of signee