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COVER LETTER

Division of Corporations	
SUBJECT: R& BIZ CONSULTING LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ronald M Kilgore Sr Name of Person	
R&R Biz Consulting LLC Firm/Company	
26316 Nadir Rd A2 Address	
Punta Gorda, FL 33983 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ronald M Kilgore, Sr at (715) 467-1194 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee & □ Certificate of Status □ Certified Copy □ Certificate of Status □ Certified Copy □	tus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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filed on 10 - 19 - 20 a	nd assigned
company here:	
ompany," the designation "LLC" or the abbrevial	ion "L.L.C."
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Enter Florida street address	
Tity Zip	Code
	mpany," the designation "LLC" or the abbreviates on our records, enter the name of the Enter Florida street address Florida

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:

2220 K. 1-9 K.: 7:51

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rosanne M Kilgore	26316 Nadir RQ A2	□ Add
		26316 Nadir Rd A2 Punta Gorda, FL 33983	
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is filed.						
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