La3 000 457531

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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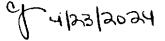
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

subject: <u>R</u> &	R RENTALS Name of Lim	OF HOMOSASSA ited Liability Company	LLC		
	mendment and fee(s) are sub				
Please return all correspond	lence concerning this matter	to the following:			
	Rogg	er Rupert Name of Person			
R&R RENTALS OF HOMOSASSA LLC					
	6369 L	J. Meadow ST.			
	Homosas	SSA, Fil 34440 City/State and Zip Code	, Э		
	MARYAN E-mail glidress: (i	Toots Quahoo. C	cation)		
For further information con	cerning this matter, please co	all:			
Roger Name of P	RUPERT	at (<u>352)</u> <u>699 -</u> Area Code Daytime	O214 Telephone Number		
Enclosed is a check for the	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 Se Division of Cor		Street Address: Registration Sec Division of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



December 19, 2023

ROGER RUPERT 6369 W MEADOW STREET HOMOSASSA, FL 34446

SUBJECT: R & R RENTALS OF HOMOSASSA LLC

Ref. Number: L23000457531

We have received your document for R & R RENTALS OF HOMOSASSA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 023A00028818

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	S OF HOMOSASSA Lite 25 11 7:43 Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 2300045753</u>	mpany were filed on $\frac{10/3/2023}{31}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6369 W. Meadow St
(Principal office address MUST BE A STREET ADDRE.	SS) HOMOSASSA, FL 34446
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 63	69 W. Meadow ST. Enter Florida street address
_Ho	MOSASSA Florida 34446 Zip Code
No. 10 Televisia America Charles and Colorada Co	N

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 jurther 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.

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 -	
necuve an effect	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locumen	t's effective date on the Department of State's records.
record :	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
Dated	3/18/24
	Rogh Auget
	3/18/24 Roger Signature of a member or authorized representative of a member

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
MGR	Roger Rupert	6369 W. Mendow ST	🗆 Add
		Homosassa, FL 34446	_ □Remove
			Æ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Сһапдс
			□Add
			□Remove
			□Change