## L24000 58616

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2024

JESUS RIVERA 2601 LANIER RD KISSIMMEE, FL 34744

SUBJECT: R & R FAMILY ENDEAVORS LLC

Ref. Number: L24000058616

We have received your document for R & R FAMILY ENDEAVORS TELCHOWEVER, upon receipt of your document no check was enclosed. Please send at check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or 5 your filing will be considered abandoned.

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

SHANTELL BROWN Regulatory Specialist II

7CL X

Letter Number: 124A00009946

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & R FAMILY ENDEAVORS LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	<del> </del>
The Articles of Organization for this Limited Liability Company we Florida document number   L24000058616	vere filed on 1/31/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SET
(Principal office address MUST BE A STREET ADDRESS)		CR E
Enter new mailing address, if applicable:		22 AT SSEED OF SEED OF
(Mailing address MAY BE A POST OFFICE BOX)		75 T
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	Idress on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flori	da
	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 p	e to act in this capacity. I furth erformance of my duties, and .	er agree to comply with the 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

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company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

APR 16 2025

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

	Title	Name	Address	Type of Action
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n effective date is listed, the date munter:  If the date inserted in this b	st be specific and cannot be pro-	ior to date of filing or more t	han 90 days after filing	\ Pursuant to 605 026
cument's effective date on the I	epartment of State's recon	ds.	direments, tins date	will not be tisted i
ecord specifies a delayed effecti	e date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) Th	e 90th day after th
is filed.				
APRIL II	2024			
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Typed or printed name of signee