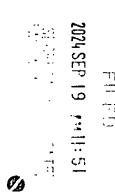
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COVER LETTER

TO: Registration Se Division of Cor			
R&R DRIV			
SUBJECT:	Name of Lim	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:	
	RAIZA L. MONTALVO /	ALVAREZ	
		Name of Person	
	R&R DRIVING LLC		
		Firm/Company	-
	231 ST CLOUD VILLAG	E CT APT. 101	
		Address	
	KISSIMMEE, FLORIDA	34744	
		City/State and Zip Code	
	RRDRIVINGLLC@GMAI		
		to be used for future annual report notif	neation)
For further information of	concerning this matter, please c	all;	
RAIZA L. MONTALVO	O ALVAREZ	321 333-7373 at ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	etia n
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&R DRIVING LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited L	iability Company were filed o	n <u>5-13-2024</u>	and assigned
Florida document number 1.24000221019	<u> </u>		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compar	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office addresses.	registered office address on o	our records, enter the name	of the new regist
Name of New Registered Agent:	RAIZA L. MONTALVO AI	.VAREZ	· · · ·
New Registered Office Address:	231 ST CLOUD VILLAGE		
	Ente	r Florida street address	
	KISSIMMEE	, Florida _ ³⁴⁷	441
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			①Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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	9-10-2024 te of filing:		(optional)	
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fan effective date is listed, the date must be	tment of State's records.	ioie statutory ming requir	ements, this date will not be its	icu as
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an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Departered specifies a delayed effective date.	te, but not an effective tir	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day afte	er the
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