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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARIZATION OF A PROPERTY.

N. Oumgon NOV 1 9 2015

TO: Registration Section Division of Corporation		* 4.	yk.	•
SUBJECT: Ord	er of Ox	perations		
	Name of Li	imited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are su	ubmitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
	Paul Ko	ovachev		
		Name of Person		
		Firm/Company		
	1350 41	-h Ct.		

	Vero Beac	ch, Fl. 32	2960	
	Alchemy	City/State and Zip Code (1133 @ g mc) (to be used for future annual of	1.com	
			report notification)	
For further information con			_	
Paul K	ovechev	at (<u>808</u>)	192-9090	
Name of P	erson	Area Code	Daytime Telephone Nu	mber
Enclosed is a check for the	following amount:			•
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	Հ ՀՀ 60.0	00 Filing Fee,

COVER LETTER

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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2015 NOV 18 AM 10: 41

Order of	Operations	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(<u>Name of the Limi</u>	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited L	iability Company were filed	,
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of Royal Kovachev	LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
<u>(Principal office address MUST BE A STREI</u>	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Ee	ter Florida street address
	En	
	City	, 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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00