

L16 0000 67279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

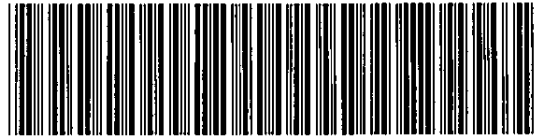
(Business Entity Name)

(Document Number)

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SEP 20 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 19 PM 4: 03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Club Royalty 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:

Name of Person

Pinos Law P.A.
Firm/Company

28844 S Dixie Hwy
Address

Homestead, FL 33033
City/State and Zip Code

kenn@pinoslaw.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
TALLAHASSEE

For further information concerning this matter, please call:

Kenneth Pinos at (786) 233-8510
Name of Person Area Code Daytime 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Club Royalty LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-5-16 and assigned Florida document number 116000067279.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Club Royalty 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 applicable: 10921 SW 186th Street
(Principal office address MUST BE A STREET ADDRESS) Miami, FL 33157

Enter new mailing address, if applicable: 10921 SW 186th Street
(Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33157

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TALLAHASSEE, FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Pines Law P.A.

New Registered Office Address: 28844 S. Dixie Hwy
Enter Florida street address

Homestead, Florida 33033
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.

Kenneth Pines
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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Algeron D Elwood	10921 SW 186 th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steve P Bentley	10921 SW 186 th Street	<input type="checkbox"/> Add
		Miami, FL 33157	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

E. Effective date, if other than the date of filing: August 1, 2016 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 6, 2016

Algeron Fludd
Signature of a member or authorized representative of a member

Algeron Fludd
Typed or printed name of signee