L17000/67661

(Re	equestor's Name)	.
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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> S. WARREN AUG 2 5 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT: Auto	mated Royalto Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspor	dence concerning this matter to	o the following:	
		Ryon	Name of Person	
			Firm/Company	
		654 L	ondon Morning C	<u> </u>
		Jacksonvill	e, Florida, 3222 City/State and Zip Code	1
		automate E-mail address: (10	droyalty La anal	ication)
For furt	her information co	oncerning this matter, please ca	11:	
	Ryah T	yther Person	at (856) 745 Area Code Daytim	5 - 1038 e Telephone Number
Enclose	d is a check for th	e 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

Automated Roy (Name of the Limited Liability Company)	yalty LLC	
(A Florida Limited Liab		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L170001L7661</u> .	ere filed on <u>8/7/17</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	he name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, ij	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent.

company has been notified in writing of this change.

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 = Max $AMBR = Au$	anager uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
AMBR	Ryan Tyther	654 London Marning Ct. Jacksonville Floriday 32221	ie, 🗹 Add
		Florida, 32221	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
		711112	Remove
			Change
		i de la companya de l	TRemove
			_□ Remove
			Change

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

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

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Filing Fee: \$25.00