## L20000354998

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
CUBIE	COMP.	VU EXPRESS INVESTMENTS	S, LLC		
SUBJE	UI;	Name of Limited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Lather Toussaint			
			Name of Person		
		TOUSSAINT EXPRESS I	NVESTMENTS, LLC		
			Firm/Company	<del></del>	
450 N Park Road suite 401					
		Address			
		Hollywood, FL 33021			
		City/State and Zip Code			
		luther.toussaint001@gmail.			
		E-mail address: (	to be used for future annual report n	otification)	
For furt	her information c	oncerning this matter, please ca	all:		
Luther '	Toussaint		786 661-0896 at ( )		
	Name o	rf Person	Area Code Dayt	ime Telephone Number	
Enclose	d is a check for t	he following amount:			
■ \$25	3.00 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 Addres Registration		Street Address: Registration S		
	Division of C		Division of C		
	P.O. Box 632		The Centre of		
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compar Florida document number 1.20000354998	ny were filed on 11/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
ROYAL DELUXE MULTISERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		023 JAN T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ES.
	FI	orida
	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, 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>	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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			□ Remove
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record I is file	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 ed.
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	Lighty
	Signature of a distribution of authorized representative of a member
	Signature of a member or authorized representative of a member