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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ROYA	l Coatings LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and I	fee(s) are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
E	Flisinda Revera Name of Person	_
2215	W. Jefferson St. Quincy Address	-
Elis	Quincy F1 32351  City/State and Zip Code  Indarivera 2 a gmail. Com  mail address: (to be used for future annual report notification)	2023 OCT 11 SECRE (31)
For further information concerning this ma	atter, please call:	
Elisinda Rivera Name of Person	at ()(\(\frac{850}{500}\) \(\frac{500}{500}\) Area Code Daytime Telephone Number	5588%
Enclosed is a check for the following amount	unt:	
□ \$25.00 Filing Fee □ \$30.00 Fili Certificate	ce of Status Certified Copy Certific (additional copy is enclosed) Certifie	atc of Status &
Mailing Address: Registration Section	Street Address: Registration Section	

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Royal coati	ngs LLC	, , , , , , , , , , , , , , , , , , ,
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	. ***
The Articles of Organization for this Limited Liability Company Florida document number 1220000897.59		2d - 34
·	22	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Royal Remodeling a	nd construction LLC	
The new name must be distinguishable and contain the words—Limited Liabi	iffly 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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2215 w. Jefferson St lot lel Quincy F1 32351	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new re	gistered
Name of New Registered Agent:		<u>_</u>
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>	, 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 = Manager AMBR = Authorized Member

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Filing Fee: \$25.00