

L19000014628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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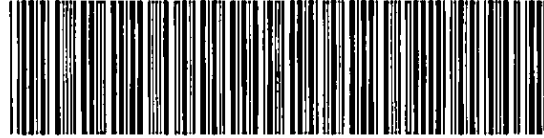
(Business Entity Name)

(Document Number)

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2019 FEB 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2019
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Royal Touch Palace LLC
Name of Limited Liability Company

2019 FEB 13 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Binika B Edwards
Name of Person
- 2 Royal Touch Palace LLC -
1000 E Atlantic Blvd #123
Firm/Company

1000 E Atlantic Blvd #123
Address

Pompano Beach FL 33060
City/State and Zip Code

Tookeya2bradley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomika Bradley at (772) 0919-1178
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ ^{3/18} \$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**

2 Royal Touch Palace LLC

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

2009 FEB 13 AM 10:53
RECEIVED
TALLAHASSEE
209

The Articles of Organization for this Limited Liability Company were filed on January 14th and assigned
Florida document number _____

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

1000 E Atlantic Blvd #123
Pompano Beach, FL 33060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Rinika B. Edwards

New Registered Office Address:

1000 E Atlantic Blvd #123

Enter Florida street address

Pompano beach

City

Florida

Zip Code

33060

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>	<u>Type of Action</u>
MGR	Binika B. Edward	7378 W Atlantic Blvd #376 margate, FL. 33063	<input checked="" type="checkbox"/> Add
		1314 SW 74th Ave Northlauderdale FL. 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Tamika Bradley	10 Southern Cross Cir #105 Boynton beach FL. 33436	<input checked="" type="checkbox"/> Add
		3631 NW 7th St Ft. laud FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: Feb 4, 2019 (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 Jan 29, 2019.

J Bradley
Signature of a member of authorized representative of a member

Tomika Bradley
Typed or printed name of signer