## L01000005110

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
| ,,                                      |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

| TO: Registration Se<br>Division of Cor |                                                 |                                                                     |                                                                                                     |
|----------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                                        | ALM CAPITAL LLC                                 |                                                                     |                                                                                                     |
| SUBJECT:                               | Name of Lim                                     | nited Liability Company                                             |                                                                                                     |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.                                                 |                                                                                                     |
| Please return all correspo             | ondence concerning this matter                  | to the following:                                                   |                                                                                                     |
|                                        | Georgia Dorsam                                  |                                                                     |                                                                                                     |
|                                        |                                                 | Name of Person                                                      |                                                                                                     |
|                                        | InCorp Services, Inc.                           |                                                                     |                                                                                                     |
|                                        |                                                 | Firm/Company                                                        |                                                                                                     |
|                                        | 3773 Howard Hughes Parl                         | kway Suite 500S                                                     |                                                                                                     |
|                                        |                                                 | Address                                                             |                                                                                                     |
|                                        | Las Vegas, NV 89169-601                         | 14                                                                  |                                                                                                     |
|                                        |                                                 | City/State and Zip Code                                             |                                                                                                     |
|                                        | managedreports@incorp.co                        | om<br>to be used for future annual report noti                      | itication                                                                                           |
| For further information of             | concerning this matter, please c                |                                                                     | incultivity                                                                                         |
| Georgia Dorsam for InC                 | orp Services, Inc.                              | 702 866-2500 ex                                                     |                                                                                                     |
| Name o                                 | f Person                                        | Area Code Daytim                                                    | e Telephone Number                                                                                  |
| Enclosed is a check for t              | he following amount:                            |                                                                     |                                                                                                     |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration  |                                                 | Street Address:<br>Registration Se                                  | ction                                                                                               |
| Division of C                          |                                                 | Division of Cor                                                     | porations                                                                                           |
| P.O. Box 632                           |                                                 | The Centre of T                                                     | l'allahassee<br>e Street, Suite 810                                                                 |
| Tallahassee.                           | エア コデコナチ                                        | 2413 IV. MONTO                                                      | e sacci, sanc orv                                                                                   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL PALM CAPITAL LLC

7 - 77 - 77 - 3:11

| ( <u>Name of the Limited Liability</u><br>(A Florida l                                                                     | Company as it now appears on our reco-<br>limited Liability Company) | rds_}                            |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|
| The Articles of Organization for this Limited Liability Cor<br>Florida document number $\frac{L01000005110}{L01000005110}$ | mpany were filed on 04/03/2001                                       | and assigned                     |
| This amendment is submitted to amend the following:                                                                        |                                                                      |                                  |
| A. If amending name, enter the new name of the limite                                                                      | ed liability company here:                                           |                                  |
| EDWARD DARIO TOLEDO LLC                                                                                                    |                                                                      |                                  |
| The new name must be distinguishable and contain the words "Limite                                                         | ed Liability Company," the designation "Ll                           | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                                        |                                                                      |                                  |
| (Principal office address MUST BE A STREET ADDRE                                                                           | <u> </u>                                                             |                                  |
|                                                                                                                            |                                                                      |                                  |
| Enter new mailing address, if applicable:                                                                                  |                                                                      |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                 |                                                                      |                                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:                 | office address on our records, <u>ente</u>                           | er the name of the new register  |
| Name of New Registered Agent:                                                                                              |                                                                      |                                  |
| New Registered Office Address:                                                                                             |                                                                      |                                  |
|                                                                                                                            | Enter Florida street addr                                            | ess                              |
|                                                                                                                            | I                                                                    | Florida                          |
|                                                                                                                            | 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 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> | Address                                | Type of Action |
|--------------|-------------|----------------------------------------|----------------|
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| fective date, if other than to<br>meffective date is listed, the date<br>ote: If the date inserted in this<br>cument's effective date on the | s block does not m    | ect the applicab | date of filing or mole statutory filin | ore than 90 days att<br>g requirements, t | tional)<br>er tiling ) Pursuant t<br>his date will not be | o 605,0207<br>e listed as |
| ecord specifies a delayed effectisfiled.                                                                                                     | ctive date, but not a | an effective tim | e, at 12:01 a.m.                       | on the earlier of:                        | (b) The 90th day                                          | after the                 |
| rted February, 4                                                                                                                             |                       | 2021             |                                        |                                           |                                                           |                           |
| L.                                                                                                                                           | ller                  | Tal              | l d-                                   |                                           |                                                           | _                         |
| <del></del>                                                                                                                                  | Signature of a n      | ember or authori | zed representative                     | of a member                               |                                                           |                           |
|                                                                                                                                              |                       |                  |                                        |                                           |                                                           |                           |

Filing Fee: \$25.00