# L01000011938

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10 DEC 13 PH 12: 16

T. HAMPTON

BEC 1 4 2010

EXAMNER

## **COVER LETTER**

SUBJECT:	RO	YAM LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
		MAYID YAMIN			
Name of Person					
	ROYAM LLC				
	Firm/Company				
356 N UNIVERSITY DRIVE					
Address					
PEMBROKE PINES, FL 33024					
,	City/State and Zip Code				
	E-mail address: (t	to be used for future annual report n	otification)		
For further information con	cerning this matter, please c	all:			
MAY	ID YAMIN	at ( 954 )	608-9068		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified C	of Status &	

Registration Section
Division of Corporations

TO:

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



10 DEC 13 PM 12: 16 ROYAM LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 07/19/2001 The Articles of Organization for this Limited Liability Company were filed on \_ and assigned L01000011938 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 end with 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) 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: New Registered Office Address: Enter Florida street address

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 608, 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.

City

\_\_, Florida \_

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager '

MGRM = Managing Member

**Title** Name | <u>Address</u> Type of Action MGRM MARIA A RODRIGUEZ 356 N UNIVERSITY DR ✓ Add Remove PEMBROKE PINES, FL 33024 DIANA ROZENBERG MGRM 356 N UNIVERSITY DR ✓ Add Remove PEMBROKE PINES, FL 33024 ☐ Remove ∏Add Remove ∏Add \_\_\_Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOVEMBER 11 2010 Dated Signature of a member or authorized representative of a member MAYID YAMIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00