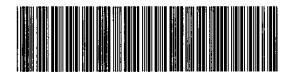
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Office Use Only



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S. HAWKES

AUG 12 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations						
SUBJECT: W. Solven Brown LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Ladhre Ann Sour						
Royal Endlavors Firm/Company						
P.O. Box 129 Address						
Panacea SL 32346 City/State and Zip Code						
E-mail address: (to be used for future annual apport notification)						
For further information concerning this matter, please call:						
Hathre Dun Brown at (89) 984 2289 Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	Bo	un LLC		2041 1
(A Flor	rida Limited Li	y as it now appears on o ability Company)	ur records.)	1, X
The Articles of Organization for this Limited Liabili	ity Company v	were filed on $3/6$	12010	and assigned
Florida document number 1030000314	£7a.	· · ·	1	
	·			(976)
This amendment is submitted to amend the following	g:			. 7
A. If amending name, enter the new name of the	limited liabil	ity company here:		
- Royal En	teavor	8 LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limite	ed Liability Company," tl	ne designation "L	LC" or the abbreviation
Enter new principal offices address, if applicables	:	NA		
(Principal office address MUST BE A STREET AL	DDRESS)			
Fester many markets address 16 mg/s 11				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7	<u> </u>		
Mauring dudress MAT BE A POST OFFICE BOX	·Z			
D. If amonding the projection of a second second				
B. If amending the registered agent and/or re- registered agent and/or the new registered office a			cords, <u>enter ti</u>	ie name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:	4.			
	Enter Florida street address			
_		C:	, Florida	
New Registered Agent's Signature, if changing Regist		City		Zip Code
New Registered Agent's Signature, il Changing Regist	tered Agent:			
I hereby accept the appointment as registered ago				
the provisions of all statutes relative to the proper accept the obligations of my position as registered				
being filed to merely reflect a change in the regis	tered office a	ddress, I hereby confi	rm that the lim	ited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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:

Mark Man	ager anaging Member	20 M. X	Tr.
<u>Title</u>	Name	Address Address	Type of Action
Magr	W. Steven Bown	P.O. Box 18 Panacea FL 32346 A	ÄQ A Remove
MGRM	W. Steven Brown	Panacca 1 84 30346	Add Remove
Mac	Kathre Ann Brown	Panarea, FL 32346	Add Remove
Marn	Kathie Ann Brown	Panacea & 32346	Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			
	odu -		
Dated <u>Wu</u>	Signature of a member of	Tath an R	
	11 Steen Brown	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00