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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORID.

D. BRUCE

JUN 1 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Royal Endeagors 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:
Name of Person
Re Nu U, LLC Firm/Company
P.O. Box 9
City/State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Hadfire Ann Brown at (860) 570-3908 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

Royal Enlea	vors, LLC		
	y as it now appears on our record	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on <u>August-11</u>	, Do lo and assigned	
Florida document number L 6 3 0000 31470	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit	ed Liability Company " the decignat	ion "I I C" or the abbreviation	
"L.L.C."	ed Blaothly Company, the designat	tion bbe of the abbreviation	
Enter new principal offices address, if applicable:		7 7	
(Principal office address MUST BE A STREET ADDRESS)	V	全点 三 可	
		ASS &	
Enter new mailing address, if applicable:	P.O. Box 9		
(Mailing address MAY BE A POST OFFICE BOX)	Paracea. Fi	RANGE TO SERVICE TO SE	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		iter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , 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 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.

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 = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	12 JUN -8 SEGRETARY
Dated	11,44 5	<u> </u>	PF STATE A
<i>J</i>	Signature of a men	nber of authorized representative of a member An Crown ped or printed name of signee	

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Filing Fee: \$25.00