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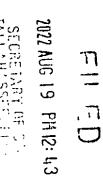
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
ROYALO	QUALITY HOMES OF FLORI	DA, LLC	
SUBJECT:	Name of Lir	nited Liability Company	
ROYAL QUALITY HOMES OF FLORIDA, 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: Kenneth V. Hemmerle, II, Esq. Name of Person			
rease return an corresp	ondence concerning this matter	to the following:	
	Kenneth V. Hemmerle, II,	Esq.	
		Name of Person	-
	Kenneth V. Hemmerle, II,	P.A.	
		Firm/Company	
	1322 N.E. 4th Avenue, Su	ite E	
		Address	
	Fort Lauderdale, FL 33304		
	KVHULAW@aol.com	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	ail:	
Kenneth V. Hemmerle, 1	I, Esq.		
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	A 12 -	Certified Copy	Certificate of Status & Certified Copy
Registration S	Section orporations 7	Registration Se Division of Co The Centre of	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manus Company of the State of t

ROYAL QUALITY HOMES OF FLORIDA, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on February 25, 2005	and assigned	
Florida document number L05000019079			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u></u>		
(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 a agent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 _	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zıp Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Or,	familiar with and , if this document is	

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>	Address	Type of Action
MGR	Manuel Fasce	3625 Park Central Blvd., Pompano Beach, FL 33064	= Add
			□Remove
			□Change
 -			🗆 Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior c does not meet the applic	to date of filing or more that able statutory filing rec	(optional) an 90 days after filing.) Pursuant wirements, this date will not l	to 605.0207 (be listed as t
e record specifies a delayed effective d rd is filed.	ate, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th da	y after the
Dated	2022			
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Sateu				
	gnature of a member or author	onzed representative of a	nember	

Filing Fee: \$25.00