101000091349

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



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T. CLINE

APR 30 2010

EXAMINER

SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2010

ROXANNE JEGHERS 30 SE 4TH RD HOMESTEAD, FL 33030

SUBJECT: ROYAL PALM REAL ESTATE SERVICES, LLC

Ref. Number: L07000091349

We have received your document for ROYAL PALM REAL ESTATE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 610A00009531

2010 APR 29 AM ID: 34
SECRETARY OF STATE

COVER LETTER

Registration Section

Division of Co	orporations				
CUD ID CO	ROYAL PALM REAL	ESTATE SERVICES I	10		
SUBJECT:	UBJECT: ROYAL PALM REAL ESTATE SERVICES, LLC Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all correst	oondence concerning this matter	r to the following:			
riodso rotain an oortosp	ondense concerning and maner	to the following.			
	F	ROXANNE JEGHERS			
	<u>.</u>	Name of Person			
	ROYAL PALI	M REAL ESTATE SERVICES	SLLC		
	Firm/Company				
		30 SE 4TH RD			
		., .,			
	НС	OMESTEAD, FL 33030 City/State and Zip Code	<u> </u>		
	roxan	nejeghers@bellsouth.net			
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please of	call:			
Ro	vanne lenhers	at (786)	43-7785		
Roxanne Jeghers Name of Person		Area Code & Daytime			
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &		
•		(,	Certified Copy (additional copy is englosed)		
			ASS 2		
	LING ADDDEGG	CMD CDM/COLLDAN	H C 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	KADDIEDSS. 17		
Division of Corporations		Division of Corporat Clifton Building	ions ORAG		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Cent	ici Circic		
Tallahassee, FL 32314		2661 Executive Cent Tallahassee, FL 3230	ici Circic		

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

ROYAL PALM REAL ESTATE SERVICES, 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 Florida document numberL0700091349	were filed on	12/1/2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	30 SE 4TH RI	D	
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD	· · · · · ·	
	33030		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, enter 1	the name of the new
New Registered Office Address:			
	Eni	ter Florida street ada	tress
	City	, Florida	To ≥ Eip Code
New Registered Agent's Signature, if changing Registered Agent:	•		HPR 2
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as particle to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance (provided for in Ch	of my duties, and I of apter 608, F.S. Or,	am famillar with and This degument is

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

			-					
MGR = N MGRM =	Manager = Managing Me	ember						
<u>Title</u>	Name		4	Address		<u>Type</u>	of Acti	<u>ion</u>
	<u></u>		 - - -			Ad		
			 -			Ac	id emove	
	 , . .					Ad	id move	
						Ac	id emove	
						Ad		
D. If amo	ending any othe	er information, ent	er change(s)		tional sheets, if necesso	Ad Rei	move	# any
						HASSEE, FI	2010 APR 29 AM E	-
						ORIDA	1 34	
Dated	4123	Kerane	. 2016 Lesher	 				
	 	Signature of	amember or a	nuthorized representat	tive of a member			
		DUXUN	Typed or p	or S rinted name of signed	2			

Page 2 of 2

Filing Fee: \$25.00