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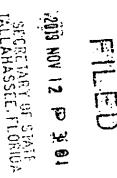
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## **COVER LETTER**

Division of Co	rporations		
Royal Palr	n Real Estate Services LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Roxanne Jeghers		
		Name of Person	
	Royal Palm Real Estate Se	rvices LLC	
		Firm/Company	<del></del>
	250 E Palm Dr, Suite 470		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Florida City, FL 33034		
	roxannejeghers@bellsouth.	City/State and Zip Code net	
	E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
Roxanne Jeghers		305 793-8325	
Name o	l'Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

· TO:

Registration Section

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 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 were filed on  $\frac{5/9/2016}{}$ and assigned Florida document number L07000091349 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 250 E Palm Dr. Suite 470 Enter new principal offices address, if applicable: Florida City, FL (Principal office address MUST BE A STREET ADDRESS) 33034 250 E Palm Dr. Suite 470 Enter new mailing address, if applicable: Florida City, FL (Mailing address MAY BE A POST OFFICE BOX) 33034 B. If amending the registered agent and/or registered office address on our records renter the neme 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 addfess

## 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 605, 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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
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			Remove
			☐ Change
			Add
			☐ Remove
		<del> </del>	☐ Change
			□ Remove
		<del> </del>	□ Change
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	this block does not meet	the applicable statut	(iling or more than 90 days ory filing requirements	Optional) after filing.) Pursuant to 60 s, this date will not be lis	05.020 sted a:
f the record specifies a d b) The 90th day after th		e, but not an effo	ective time, at 12:	01 a.m. on the earl	lier c
November 7 Dated	. 2	019			
	7				
	Viruel 1st	(del)	sentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00