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COVER LETTER

Division of C	Corporations		
OF THE RIC COMP.	Royal Palm Mgmt., LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	John Goltra	Name of Limited Liability Company Indicated the following: Indicated	
		Name of Person	
		Firm/Company	<u></u>
	1323 Fan Palm Road		
		Address	
	Boca Raton Florida 3343	2	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &
		City/State and Zip Code	
	jgoltra@admc-nj.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please co	all:	
John Goltra		at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

TO:

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

Atlantic Royal Palm Mgmt., LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were file	ed on December 3, 2007	and assigned
Florida document number L07000120376		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the a	- f × −1 (
Enter new principal offices address, if applicable:		EQ E 7
(Principal office address MUST BE A STREET ADDRESS)		77 1
	-	
	CX	SATE O
Enter new mailing address, if applicable:	<u>></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		412
B. If amending the registered agent and/or registered office add	dress on our records enter	r the name of the na
negistered agent and/or the new registered office address here:	uress on our records, enter	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
City		Tim Cada

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.

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
mgrm	Hutson Equities, LLC	1615 S Federal Highway, #202	Add
		Boca Raton, Fl 33432	■ Remove
			Change
mgrm Woodland Associates, LLC	1615 S Federal Highway, #202		
		Boca Raton, Fl 33432	■ Remove
			☐ Change
			□ Add
			□ Remove
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amending any other information,	• • • • • • • • • • • • • • • • • • • •	_		
 				
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fective date, if other than the date an effective date is listed, the date must be something the date inserted in this block obcument's effective date on the Depart expected specifies a delayed effective date.	does not meet the applicable statute the ment of State's records. Fective date, but not an effe	ory filing requirements	s, this date will not be l	isted
The 90th day after the record	is filed.			
October 26	, 2016			
John R. Sign	Solds ature of a member or authorized repre	sentative of a member	TORE THE STATE OF	1
John Goltra, MGRM			KETARY AHASSE	-
	Typed or printed name of	ilgnee	T P 3 09 Y DF STATE F. FLORID	ロフ

Filing Fee: \$25.00

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

Type of Action			dress	₽¥	<u>omsN</u>	<u>əltiT</u>
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i amending any other informati	on, enter change(s) here: (Attach	aaamonai sneeis, ij n	iecessary.)	
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lote: If the date inserted in this bloc ocument's effective date on the Dep	effective date, but not an effec	ory filing requirements,	this date will i	not be listed a
October 26	2016			
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John Goltra, MGRM		•	<u> </u>	_m
	Typed or printed name of s	ignee	- H D	
			3 09 STATE LORIDA	

Filing Fee: \$25.00