L08000020030

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	. <u> </u>
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	пе)
(Do	cument Number)	
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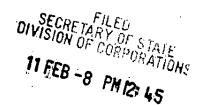
SECRETARY OF SUPPLIES

N. Culligan FEB - 9 2011

COVER LETTER

	tration Second			
SUBJECT:		ROYALTY FINAN	CIAL ACCEPTANCE L	LC
			ited Liability Company	
The enclosed A	rticles of A	amendment and fee(s) are su	bmitted for filing.	
Please return al	l correspon	dence concerning this matte	r to the following:	
Elsa Flores-Valera				
			Name of Person	
		ROYALTY	FINANCIAL ACCEPTANCE	LLC
			Firm/Company	
	PO Box 6649			
			Address	
			Lakeworth, FL 33463	
			City/State and Zip Code	
		E-mail address: (altyfinancial@gmail.com to be used for future annual report notif	cation)
For further infor	rmation co	ncerning this matter, please of	call:	
	Elsa F	lores-Valera	at (561)	434-5421
	Name of l	Person	Area Code & Daytim	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
[]\$25.00 Filin _₹	g Fee	\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Name of the Limited Liability Compa	ny as it now annears on our records		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL0800020030	were filed on02/25/2008 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	14709 Baltimore Ave. Suite# 7		
(Principal office address MUST BE A STREET ADDRESS)	Laurel, MD 20707		
	PO P 6640		
Enter new mailing address, if applicable:	PO Box 6649 Lake Worth, FL 33463		
(Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, 1 E 50405		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
•			
	, Florida		

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

MGR = Manager

	<u>Name</u>	Address	Type of Acti
			Add
			Remove
			Add
			Damaria
			Add
			D. D. Province
		· · · · · · · · · · · · · · · · · · ·	
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			Add Remove
amen	ding any other information 6	enter change(s) here: (Attach additional sheets,	if necessary)
		and the same of th	manus.
			11 FEB -8
	December 9th	,	11 FEB -8
	* Cepthia Cid	, 2010 . Of a member or authorized representative of a member and a member of	11 FEB -8 PH 123 45

Page 2 of 2

Filing Fee: \$25.00