## 0800008190

(5)		
) H	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
,	•	•
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700159685417

08/20/09--01058--009 \*\*30.00

2009 AUG 20 AM 9: 53
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

AUG 2 1 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: Royal Foam Properties LLC Name of Limited Lil Sility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dasha Segatcheva  Name of Person  Poyal Foam  Firm/Company  1333 Haines St  Address  Tacksonville IL 32206  City/State and Zip Code  Info @ royal Foam. us  E-mail address: (tobg used for future annual report notification)
For further information concerning this matter, please call:
Dasha Sergatcheva at (904) 632 2355  Name of Person at (904) 632 2355  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\sum \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\sum \text{\$\sum \text{\$conditional copy is enclosed}}} \$\sum \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sim \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sin \text{\$\si

MAILING ADDRESS:

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 Foam	Proper	ties. LLC	•		
(Name of the Limited Li. (A F)	ability Compan orida Limited Li	y as it now appears ability Company)	on our records.) 3/18/0	 ⊃&	
The Articles of Organization for this Limited Liabi		were filed on	127/04	and assigne	∍d
Florida document number LD 800002	8190	·			
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e iin <u>;ited liabi</u>	lity company here:	:		
	<del></del>				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limit	ed Liability Company	y," the designation	"LLC" or the abbr	eviation
Line.				4.0 1	_
Enter new principal offices address, if applicable	le:			ESE SE	<u>_1</u>
(Principal office address MUST BE A STREET ADDRESS)				圣图 5	
				55 6	<u>ˈ</u> 'n
			•	Frog #	£ 'C
Enter new mailing address, if applicable:				FST.	ِ ۾
(Mailing address MAY BE A POST OFFICE BOX)					5
				P	
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of th	ie new
	ν	. Va	+01-01		
Name of New Registered Agent:	HEM	an Ru	<del>Genov</del>		
New Registered Office Address:	1333	an Ka Maines S	S <del>L</del> r Florida street ad	dress	
	Teal				
-	Jucks	on ville City	, Florida _	Zip Code	
Name Designational Agent's Cignotines if shoreing Des		- <del>~ ,</del>		-4 -00-	

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Title Title <u>Name</u> **Address** Type of Action Arman Katenov MGRM 1333 Haines St **☑** Add 'Remove ☐ Add □ Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 12 Signature or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00