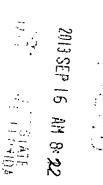
108000085928

Office Use Only



300251253183

.09/16/13--01048--005 **25.00





COVER LETTER

TO:

Registration Section Division of Corporations

ROYAL OAK HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIFFANY WILSON

Name of Person

FUE HOLDINGS LLC

Firm/Company

150 COCOA ISLES BLVD SUITE 202

Address

COCOA BEACH FLORIDA 32931

City/State and Zip Code

TWILSON@ESOEQUITYGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY WILSON

321,783-5252 EXT 17

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 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:

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 OAK HOLDINGS LLC

AR	LICLES OF A	AMENDME	AN I	
	T	O	up.	
ART	TICLES OF ORGANIZATION			* St. 5
	0	F		
				0'
ROYAL OAK HOLDINGS LLC				
(Name of the Limite)	d Liability Compar A Florida Limited I	ny as it now appe Jability Company	ears on our records.	
				200
The Articles of Organization for this Limited Liability Company were filed on 09/10/2008			9/10/2008	and assigned
lorida document number L08000085928				
Chia amandmant is submitted to amand the fel	louring			
This amendment is submitted to amend the fol	iowing.			
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:	
The new name must be distinguishable and end w.L.L.C."	ith the words "Limi	ted Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		150 COCOA ISLES BLVD STE 202		
(Principal office address MUST BE A STREET ADDRESS)		COCOA BEACH FLORIDA 32931		
				_
	150 COCOA ISLES BLVD STE 202			
Enter new mailing address, if applicable:	COCOA BEACH FLORIDA 32931			
(Mailing address MAY BE A POST OFFICE BOX)		COCOA BI	EACH FLORIDA 32	331
If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter th</u>	e name of the nev
egistered agent and/or the new registered of	office address her	<u>c</u> .		
Name of New Registered Agent:	TC PROPERTY MANAGEMENT LLC			
	150 COCOA ISLES BLVD STE 202			
New Registered Office Address:	Enter Florida street address			
	COCO 4 DE			
	COCOA BEACH		, Florida 329	
		City		Zip Code

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

Page 1 of 3

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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	FUE HOLDINGS LLC	150 COCOA ISLES BLVD STE 202	2 A dd
		COCOA BEACH FLORIDA 3293	1 Remove
MGRM	ESO ROYAL OAK LLC	503 NORTH ORLANDO AVE #20	
		COCOA BEACH FLORIDA	Remove
		32931	_
		· · · · · · · · · · · · · · · · · · ·	Add 200 Remove
			Remove - Add
			Remove
			Add
			Remove

D. If am	ending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
1.	,	
-		
-		
-		
-		
	9/09/2013	
Dated U		,
		Signature of a member or authorized representative of a member
	ORI TAL	signature of a member of authorized representative of a member
	ORITAL	Typed or printed name of signee
		/
		Page 3 of 3
		Filing Fee: \$25.00

. . .

2013 SEP 16 AM 8: 22