

LO8000100362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

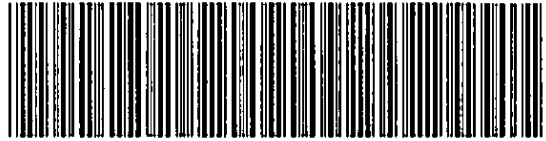
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
DUE TO RETURNED CHECK

12/03/19--01007--004 **35,12

2019 DEC -3 AM 9:21

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C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

**FILING CANCELLED
DUE TO RETURNED CHECK**

SUBJECT: Royal First 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:

Craig D Scott

Name of Person

Royal First LLC

Firm/Company

1630 NW 128 Drive #101

Address

Sunrise, Florida 33323

City/State and Zip Code

scottj3549@yahoo.com

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

For further information concerning this matter, please call:

Craig Scott

850

251-4840

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

**FILING CANCELLED
DUE TO RETURNED CHECK**

Royal First 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 10/24/2008 and assigned
Florida document number L08000100362.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name 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 address

_____, Florida _____
City Zip Code

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Douglas D Scott	1630 NW 128 Drive, #101, Sunrise, Fl 33323	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jennifer Scott	1630 NW 128 Drive #101, Sunrise Fl 33323	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DUE TO RETURNED CHECK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/27/2019, _____

Signature of Craig Scott

Signature of a member or authorized representative of a member

Craig D Scott

Typed or printed name of signee

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019090914

DATE ISSUED: JUNE 12, 2019

DECEDENT INFORMATION

DATE FILED: JUNE 7, 2019

NAME: DOUGLAS SCOTT

DATE OF DEATH: JUNE 5, 2019

SEX: MALE SSN: 247-27-9545

AGE: 064 YEARS

DATE OF BIRTH: MARCH 28, 1955

BIRTHPLACE: KINGSTON, JAMAICA

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS: 8150 CLEARY BLVD

LOCATION OF DEATH: PLANTATION, BROWARD COUNTY, 33324

RESIDENCE: 8150 CLEARY BLVD, PLANTATION, FLORIDA 33324, UNITED STATES

COUNTY: BROWARD

OCCUPATION, INDUSTRY: FLEET ATTENDANT, AIRLINE

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN, JAMAICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JENNIFER IRVING

FATHER'S/PARENT'S NAME: ULEM GEORGE SCOTT

MOTHER'S/PARENT'S NAME: LURLINE EUGENIE

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: JENNIFER SCOTT

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 8150 CLEARY BLVD, PLANTATION, FLORIDA 33324, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: LUC CHERY, F058507

FUNERAL FACILITY: BAILEY MEMORIAL F041849

6701 W COMMERCIAL BLVD, TAMARAC, FLORIDA 33319

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: BAILEY MEMORIAL

NORTH LAUDERDALE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0615

DATE CERTIFIED: JUNE 6, 2019

CERTIFIER'S NAME: CRAIG RICHARD DEPODESTA

CERTIFIER'S LICENSE NUMBER: OS8042

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - AND APPROXIMATE INTERVAL: ONSET TO DEATH

a. MALIGNANT NEOPLASM OF THE PROSTATE

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

VOID IF ALTERED OR ERASED

OCCUPATION, INDUSTRY: FLEET ATTENDANT, AIRLINE

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN, JAMAICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: JENNIFER IRVING

FATHER'S/PARENT'S NAME: ULEM GEORGE SCOTT

MOTHER'S/PARENT'S NAME: LURLINE EUGENIE

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a. MALIGNANT NEOPLASM OF THE PROSTATE

b.

c.

d.

PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:

AUTOPSY PERFORMED? NO

DATE OF SURGERY:

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

TIME OF INJURY (24 HOUR):

INJURY AT WORK?

PLACE OF INJURY:

IF TRANSPORTATION INJURY, STATUS OF DECEDENT:

TYPE OF VEHICLE:

Kirby

STATE REGISTRAR

REQ: 2020546544

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

OH FORM 1947 (03-13)

CERTIFICATION OF VITAL RECORD

