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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section 'Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	James R. Stewast Name of Person
	POYAL INSTALLATIONS. U.C.
	4050 New Broad Circle #302 Address
	OVIEDO, FI 32765 City/State and Zip Code
	E-mail address: (to be used or future annual report notification)
For furt	her information concerning this matter, please call:
3	Avea Code & Daytime Telephone Number Area Code & Daytime Telephone Number
	ed is a check for the following amount: 00 Filing Fee \$\begin{array}{c} \$30.00 \text{ Filing Fee & } & \begin{array}{c} \$55.00 \text{ Filing Fee & } & \begin{array}{c} \$60.00 \text{ Filing Fee,} \\ Certificate of Status & \\ (additional copy is enclosed) \end{array} \text{ Certified Copy } \\ (additional copy is enclosed) \end{array}

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

FILED. 10 APR 21 PM 12: 27

	Q		
R01141 7	- WETA	1 4711111	FALLAHASSEE, FLORIDA
(Name of the Limited Li	ability Company	as it now appears on our	records.)
(A FI	orida Limited Liai	Of A	m
The Articles of Organization for this Limited Liab. Florida document number	ility Company w	ere filed on March	27 700 and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	e limited liabilit	y company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	N-A	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- - <u>-</u> -	N-A	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our reco	ords, enter the name of the new
Name of New Registered Agent:	NA		
New Registered Office Address:	114	Enter Flori	da street address
-		City	, Florida Zip Code
	,	Lity	Lip 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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR **⇒** Manager

MGRM = Managing Member **Type of Action** Title Address ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00