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TALLAHASSEE, FLORIDA

Sample of the sa

J. SAULSBERRY EXAMINER DEC 22 2011

# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	Royan Brue f Name of Limi	ROPERTY, LLC ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	3400 SUUTH SARASUTA F	Name of Person  ROKNICH Firm/Company  TAMIAMI TRAIL, SA Address  2 34339 City/State and Zip Code  O AOL. COM to be used for future annual report notification	TARY O	The state of the s
For further information c	oncerning this matter, please c	all:	, De 1	
Nick Ro Name of		at ( 94/) 366-1388 Area Code & Daytime Te	lephone Number	
\$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)	ı

### 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 BLUE PROPER	ery, LLC	residence and the second of th	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa. Florida document number \(\(\begin{array}{c} \begin{array}{c} \oldsymbol{OOOO \(\frac{40392}{\cdot}\)} \end{array}\).	ny were filed on <i>04</i>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
ROYAL BLUE PROPERTIES, LLC The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		. T	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter now mailing address, if applicable:		DEC 21 AND CREIMARY OF CALLARY OF	
(Mailing address MAY BE A POST OFFICE BOX)		F. S. 68	
D. If amounting the registered arout and/or registered		Series 5	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		records, enter the name of the new	
<b>`</b> `.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Name **Type of Action** Title Address ☐ Add Remove Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Delember 19 dember or authorized representative of a member ARTO 12 MIRLIYAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00