

L12000030807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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*[Handwritten Signature]*



000392687680

09/19/22--01001--026 \*\*25.00

09/19/22--01001--027 \*\*20.00

22 AUG 19 PM 12:31  
DIVISION OF CONSUMER AFFAIRS  
STATE OF NEW YORK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HORSHOLM, 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:

TOMAS SMOLA

Name of Person

Firm/Company

5230 E STATE ROAD 64

Address

BRADENTON, FL 34208

City/State and Zip Code

TOMSMOLA@VERIZON.NET

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

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Division of Corporations  
Tallahassee, Florida

For further information concerning this matter, please call:

TOMAS SMOLA

Name of Person

at (941) 726-8778

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**

HORSHOLM, 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 3-5-2012 and assigned Florida document number L12000030807.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ROYAL FLEET INVESTMENT, LLC

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)

5230 E STATE ROAD 64

BRADENTON, FL 34208

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

5230 E STATE ROAD 64

BRADENTON, FL 34208

**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*

FILED  
AUG 19 PM 12:31  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

**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

| <u>Title</u> | <u>Name</u> | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|-------------|----------------------------------------------|--------------------------------------------|
| AMBR         | TOMAS SMOLA | 1230 E STATE ROAD 64, 329 DENTON<br>FL 34208 | <input checked="" type="checkbox"/> Add    |
|              |             |                                              | <input type="checkbox"/> Remove            |
|              |             |                                              | <input type="checkbox"/> Change            |
| MBR          | POUL HANSEN | BREELTE HAVEN 12                             | <input type="checkbox"/> Add               |
|              |             | HORSTHOLM, DK-29-90, DK                      | <input checked="" type="checkbox"/> Remove |
|              |             |                                              | <input type="checkbox"/> Change            |
|              |             |                                              | <input type="checkbox"/> Add               |
|              |             |                                              | <input type="checkbox"/> Remove            |
|              |             |                                              | <input type="checkbox"/> Change            |
|              |             |                                              | <input type="checkbox"/> Add               |
|              |             |                                              | <input type="checkbox"/> Remove            |
|              |             |                                              | <input type="checkbox"/> Change            |
|              |             |                                              | <input type="checkbox"/> Add               |
|              |             |                                              | <input type="checkbox"/> Remove            |
|              |             |                                              | <input type="checkbox"/> Change            |
|              |             |                                              | <input type="checkbox"/> Add               |
|              |             |                                              | <input type="checkbox"/> Remove            |
|              |             |                                              | <input type="checkbox"/> Change            |

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION

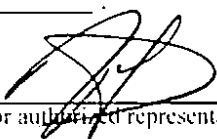
E. Effective date, if other than the date of filing: AUGUST 31, 2022 (optional)

(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 8-17-22

  
Signature of a member or authorized representative of a member

SMOLA  
Typed or printed name of signee