

**L12000089801**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

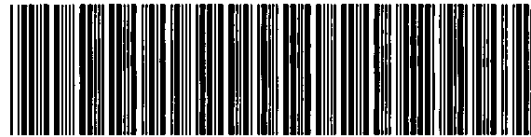
(Business Entity Name)

(Document Number)

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APR 12 2017  
J. HARRIS

**PARLADÉ LAW FIRM, P.A.**

A PROFESSIONAL ASSOCIATION

7050 S.W. 86 AVENUE  
MIAMI, FLORIDA 33143-2426  
PHONE (305) 595-2300  
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ALBERTO J. PARLADÉ, ESQUIRE  
MICHELLE PARLADÉ COREY, ESQUIRE

AJP@PARLADELAW.COM  
MCP@PARLADELAW.COM

April 5, 2017

*Via First Class Mail*

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE:   *Articles of Amentment to Articles of Organization of 2367 NE 7 ST. LLC***  
***Our File No.: 2729***

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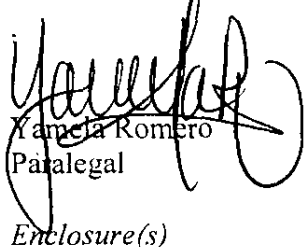
Dear Sir or Madam:

In connection with the above referenced company, enclosed herewith please find our check no. 3565 in the amount of \$30.00 representing filing fee and certificate of status.

Should you need anything else at all, please do not hesitate to contact our office.

Very truly yours,

Parlade Law Firm, P.A.

  
Yanela Romero  
Paralegal

*Enclosure(s)*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2367 NE 7 ST. 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:

ALBERTO J. PARLADE, ESQ.

\_\_\_\_\_  
Name of Person

PARLADE LAW FIRM, P.A.

\_\_\_\_\_  
Firm/Company

7050 SW 86 AVENUE

\_\_\_\_\_  
Address

MIAMI, FL 33143

\_\_\_\_\_  
City/State and Zip Code

AJP@PARLADELAW.COM

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

For further information concerning this matter, please call:

ALBERTO J. PARLADE

305 595-2300

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

2367 NE 7 ST. 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 07/10/2012 and assigned  
Florida document number L12000089801.

This amendment is submitted to amend the following:

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

ROYAL HOMES SOUTH 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)

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*

*City*, **Florida**, *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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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STATE OF ILLINOIS  
CLERK OF SUPREME COURT

[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)

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 MARCH 28, 2017  
X [Signature]  
 Signature of a member or authorized officer  
MARTA YEE, MANAGING MEMBER  
 Typed or printed name

Signature of a member or authorized representative of a member

MARTA YEE, MANAGING MEMBER

Typed or printed name of signee

17 APR 10 14:02

FILED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535