# 112000093890

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## **COVER LETTER**

	Registration Se Division of Cor			
emplec	Royal Palm	Place Investments LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jason M. Lazar		
			Name of Person	
		Investments Limited		
	Firm/Company 215 N Federal Highway			
		215 N Federal Highway		
		<del></del>	Address	
		Boca Raton FL 33432		
		jlazar@investmentslimited.	City/State and Zip Code com	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	all:	
Jason M.	Lazar		561 392-8920 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	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:

TO:

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 Palm Place Investments LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 7/19/2012	and assigned
Florida document number L12000093890	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7019
ì		河 岩 川
B. If amending the registered agent and/or registe	ered office address on our records,	enter the name of the nev
registered agent and/or the new registered office addre	ess nere:	The E
N 6N 6 1		100 J
Name of New Registered Agent:		<u>ංන</u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James H. Batmasian	215 N Federal Highway	
		Boca Raton FL 33432	■ Add
		<del></del>	□ Remove
			Change
	Marta Batmasian	215 N Federal Highway	
		D D (II 22102	Add
		Boca Raton FL 33432	■ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
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			□ Remove
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ote: If the date inserted in	an the date of filing:  ate must be specific and cannot this block does not meet the the Department of State's re-	applicable statutory fi	(optiona) more than 90 days after filing requirements, this date	g.) Pursuant to 605.020
record specifies a de The 90th day after th	elayed effective date, b le record is filed.	ut not an effectiv	e time, at 12:01 a.m	. on the earlier o
September 12	2019			
		THE	//	

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Typed or printed name of signee

Filing Fee: \$25.00