#1/2000098222

(Requestor's Name)				
bA)	dress)	<u></u>		
(Ad	dress)			
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(Document Number)				
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ATTAMINSSEE FLORIDA

K.SALY EXAMINER SEP - 6 2018

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	House Royalty LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Picase	return all correspondence concerning this matter to the following:	
	Michael Matthen Name of Person	
	House Royally LLC Firm/Company	
	20130 Mw 13 ct Address	
	Miami FL. 33169 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
	Michael Matthew at (760) 498-9793 Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
ॻऻ॔\$ 2:	5.00 Filing Fee \$\ S30.00 Filing Fee &	sed)

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. 12 SEP -4 AM No.

(Name of the Limited Liab	E Royalty LLC wility Company as it now appears on our ida Limited Liability Company)	r records 1/4 3SEE - STATE	
(A Flori	ida Limited Liability Company)	THE FROMON	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 7/24	/2012 and assigned	
Florida document number L12000098222	<u>. </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new	
No. 11 CNA 11 Decision of A contr			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
	City	, FloridaZip 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Address Type of Action** 21080 W 1481 P Add
Apt: 5-103 Remove Natile Ayers-balling MGRM Miumi FL 33169 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Netall, Nathbu Signature of a member or authorized representative of a member Michael Matthew
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00