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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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O. BRUCE

# **COVER LETTER**

TO: Registration Sec Division of Cor	ction porations	
Royo En	terprises, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Hernando Carrillo	
	Name of Person	
	Royo Enterprises, LLC	
	Firm/Company	
	1820 SW 3rd Ave, Suite 201	
	Address	
	Miami, FL 33129	
	City/State and Zip Code	
	sjcarrillo@bellsouth.net  E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Hernando Carrillo	305 858-3934	<b>.</b>
	at (305 858-3934 STA 30 Area Code Daytime Telephone Number To STA 30 Area Code Daytime Telephone Number 2 STA 30 Area Code Daytime Telephone Number 3	
Enclosed is a check for the		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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**

Royo Enterprises, LLC		•
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)	
(11 Miles Bulling Ball	sinty company)	
The Articles of Organization for this Limited Liability Company w	ere filed on January 14, 2013	and assigned
Florida document number 46-4036542		
riorda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here	
same of the final money	y company nere.	
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
T		
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 offic	e address on our records, <u>er</u>	iter the name of the new
registered agent and/or the new registered office address here:		AAA 8
		かた。 いた。 いた。 いた。
Name of New Registered Agent:		SES O
		- F
New Registered Office Address:		S = V
	Enter Florida street address	
<u></u>	, Florida	a
<del></del>	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rodrigo Carrillo	1820 SW 3rd Ave. Suite 201	<b>■</b> Add
		Miami, FL 33129	□ Remove
<u>-</u>			Add
			Remove
			☐ Add
			☐ Remove
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<del></del>			□ Add
			☐ Remove

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fective date, if other than the date of filing e effective date must be specific, cannot be prior to date e date this document is filed by the Florida Department	of State)	(optional) nore than 90 days after
		(optional) nore than 90 days after
e date this document is filed by the Florida Department October 27	of State)	(optional) nore than 90 days after
e date this document is filed by the Florida Department ated October 27	2014 \( \int \) \( \text{0.00} \)	
e date this document is filed by the Florida Department ated October 27	of State)	

Page 3 of 3

Filing Fee: \$25.00

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