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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: ROYAL KUTZ |
| 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: |
| |
| Nikita White |
| Name of Person |
| |
| Firm/Company |
| 222 Blairmore Blvd. East Apt. #38 |
| Orange Park, Fl 32073 City/State and Zip Code |
| Foyal Kutza ymail Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| NIKITA White at (904), 418-2074 Name of Person Area Code & Daytime Telephone Number |
| . It could be buy think the could be buy the could b |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

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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

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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> | <u>Name</u> | <u>Address</u> | Type of Action | | |
| MGRM | Nikita White | 222 Blairmore Blud East | 38 X Add | | |
| | | Drange Park, FI 32073 | Remove | | |
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|). If amer | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ited | b.01, 2013 |
| | Mekitault |
| | Signature of a member or authorized representative of a member |
| | Nikita White |
| | Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00