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## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT

Royal Property Acquisitions of Florida, 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:

Alexis Gonzalez, Esq.

Name of Person

Law Office of Alexis Gonzalez, P.A.

Firm/Company

3162 Commodore Plaza, Suite 3E

Address

Coconut Grove, Florida 33133

City/State and Zip Code

alexis@aglawpa.com

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

For further information concerning this matter, please call:

Alexis Gonzalez

305 223-9999

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

FILED

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SEUNETARIO DE STATE

TALLAHASSEE, FLORIDA

Royal Property Acquisitions of Florida, 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 Lie	ability Company	were filed on 03/28/1	3 and assigned	
Florida document number L13000046531				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ıble:	MA		
(Principal office address MUST BE A STREET	<u> (ADDRESS)</u>			
Enter new mailing address, if applicable:		NIA	,	
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered of			cords, enter the name of the new	
Name of New Registered Agent:	MA			
New Registered Office Address:	NM			
New Registered Office Address.		Enter Flo	rida street address	
		, Florida		
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the pr				

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	Julie Muniz-Gomez	1451 South Miami Avenue	Add
		Suite 2809	Remove
		Miami, Florida 33130	
MGRM	Javier Gomez	910 NW 128 Court	Add
		Miami, Florida 33182	Remove
			_
			Add
			Remove
			— Add
			Add Remove
			<del></del>
			Add
			Remove
			_
			Add
			Remove

•	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
Dated _	NOVEMBER 19 1 2013				
	Signature of a member or authorized representative of a member				
	of a memory of a memory of a memory				

Page 3 of 3

Filing Fee: \$25.00