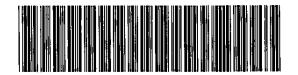
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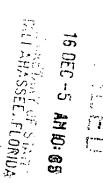
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Royal Capilal Lending 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:
Leron Levy Name of Person
Royal Capital Lending LLC Firm/Company
1680 Michigan Ave Ste 700
Mian; Beach PC 33139  City/State and Zip Code
E-mail address/(to be used for future annual report notification)
For further information concerning this matter, please call:
Leron Levy at (746) 269 4744  Name of Poson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2016

LERON LEVY 1680 MICHIGAN AVE STE 700 MIAMI BEACH, FL 33139 US

SUBJECT: ROYAL CAPITAL LENDING, LLC

Ref. Number: L13000051902

SECRETARY OF SIGN

We have received your document for ROYAL CAPITAL LENDING, LLC and gour check(s) totaling \$25.00. However, the enclosed document has not been and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 316A00024477

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Royal Capital Lendin Name of the Limited Liability Compan (A Florida Limited Lia	yas it now appears on our recability Company)	cords.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L130000 51902</u> .	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5AME	,""s
(Principal office address MUST BE A STREET ADDRESS)		6
Trincipii office unuress most bu hothers hobitess)		₹ R
		, SS 1
Enter new mailing address, if applicable:	NIA	SEC 2
(Mailing address MAY BE A POST OFFICE BOX)		227
B. If amending the registered agent and/or registered office address here:		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	_	, Florida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00