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COVER LETTER

Division of Corporations
SUBJECT: Real Royal Renovations 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:
<u>Gulshoda Mirova</u> Name of Person
Real Royal Renovations LLC
368 Plymouth Rd.
West Palm Beach, FL 33405 City/State and Zip Code
City/State and Zip Code <u>real royal reprovations a gmail.</u> Com E-mail address: (to be used for future annual report motification)
For further information concerning this matter, please call:
Louisheda Mirova at (561) 650-5567 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Real Royal Stairs LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 1368 Plymouth Rd West Palm Beach, FL 3.34 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) The same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00