L13000176820

(Requestor's Name)				
(Address)				
(Address)				
(City/S	state/Zip/Phone	#)		
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(Business Entity Name)				
(Document Number)				
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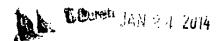
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SECRETARY OF STATE
TALLAHASSEE, FINDER





COVER LETTER

TO: Registration Section
Division of Corporations

ROYAL CROWN DEVELOPERS 1, 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:

FRANK SPAZIANO

Name of Person

Firm/Company

13605 S DIXIE HWY 434

Address

MIAMI, FL 33156

City/State and Zip Code

FRANKSPAZIANO@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD C POLLOCK

_{...}954 726-2537

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

ROYAL CROWN DEVELOPERS 1, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Arithman of the Control of the Arithman of the Control of the	αΙΔΙ	NI IARY 01 2014		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000176820</u>	any were filed on or u	1071(1 01, 2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:			TAS -	
(Principal office address MUST BE A STREET ADDRESS	2		EC S	
			ASSE ASSE ASSE ASSE ASSE ASSE ASSE ASSE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			STA 2:	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I	l office address on o here:	our records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street addre	ss	
		, 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 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 AMBR = Authorized Member **Title** Name 1 <u>Address</u> Type of Action SAM JAZAYRI 3001 W HALLANDALE BCH BLVD **AMBR STE 300** PEMBROKE PARK, FL 33009 JOHN TAVONE **AMBR** 3001 W HALLANDALE BCH BLVD **STE 300** Remove PEMBROKE PARK, FL 33009

D. If amending any other in	formation, enter change(s) here	(Attach additional sheets,	if necessary.)
• *			
E. Effective date, if other that (If an effective date is listed, the	on the date of filing: e date must be specific and canno	t be more than 90 days after	(optional) filing.) (605.0207 (3)(b)
Dated January 8	2014,		
Bunda	Munano		
	gnature of a member or author	ized representative of a memb	er
Fran	K Spaziano		<u> </u>
		name of signee	
	Раде 1	3 of 3	

Filing Fee: \$25.00

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