

JUN/19/2014/THU 02:31 PM

FAX No.

P. 001

Division of Corporations

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**L14000071086**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140001431363ABCX

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE ELIAS LAW FIRM, PLLC  
Account Number : I20090000055  
Phone : (305) 823-2300  
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Email Address: dsancho@eliaslaw.net

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROYAL PENSION INVESTMENT PLAN, LLC**

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JUN 20 2014  
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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FAX No.

P. 002

H140001431363

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ROYAL PENSION INVESTMENT PLAN, 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 Liability Company were filed on MAY 1, 2014 and assigned  
Florida document number L14000071086.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

49 NW 17 ST 14  
Homestead FL 33030  
DIVISION OF CLERK OF SUPERIOR COURT  
F.L.C. 19 AM 1:17

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:

Brian Neblett

New Registered Office Address:

49 NW 17 ST

Enter Florida street address

Homestead

Florida

33030

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALICIO PINA	15500 NEW BARN ROAD, SUITE 104	<input type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33014	<input checked="" type="checkbox"/> Remove
MGRM	BRIAN NEBLETT	49 NW 17 STREET	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DIVISION OF REVENUE  
SECTION OF REGISTRATION

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P. 004

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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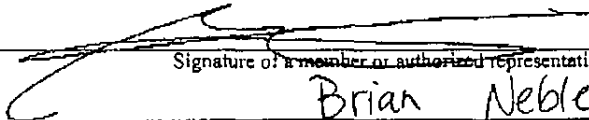
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 1, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Brian Neblett  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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STATE ATTORNEY  
DIVISION OF INFORMATION  
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