

#L14000073443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 10 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Royal Clientele Charters 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:

JON Sessions

Name of Person

Advanced Mediation Services

Firm/Company

2732 Forest Oaks Drive

Address

Orange Park FL 32073

City/State and Zip Code

gametimedist904@gmail.com

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

For further information concerning this matter, please call:

JON Sessions

Name of Person

at (904)

Area Code

802-2231

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

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

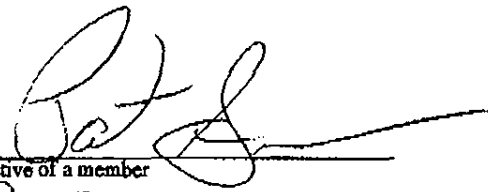
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR (owner)	Patricia Sessions	2732 Forest Oaks Drive	<input checked="" type="checkbox"/> Add
		Orange Park, FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
"Former"			
MGR owner	Jon Sessions	2732 Forest Oaks Drive	<input type="checkbox"/> Add
		Orange Park, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 6-10, 2014



Signature of a member or authorized representative of a member
Pat Sessions

Typed or printed name of signee

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Filing Fee: \$25.00