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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROYAL Equip

Royal Equipment Repair 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:

Marlyn Barrett

Name of Person

Royal Equipment Repair LLC

Firm/Company

10048 Southern Pride PL

Address

Wellington FL 33449

City/State and Zip Code

royalequipmentrepair@gmail.com

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

For further information concerning this matter, please call:

Marlyn Barrett

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6858875

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

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2014 and assigned
ation "LLC" or the abbreviation "L.L.C."
records, enter the name of the ne
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eet address
, Florida
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 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 <u>Address</u> **Type of Action** Richard Jobson **VP** 20605 NW 3ave 🖪 Add Miami FL 33169 ☐ Remove □ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove _□ Remove _□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:
	Dated 07/30/2014
	Fina E Start
	Signature of a member or authorized representative of a member
	Marlyn Barrett Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00