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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Roy	vica Realty,	LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter to	o the following:	
	Corlus Oc	Haria Rouira	101 <u></u>
		Name of Person	
	Roura Re	ealty LCC Firm/Company	
	13611 S. D	Mile Hwy # 304	
	Miani, FL	33\74	
		o be used for future annual report notific	ration)
For further information ec	ncerning this matter, please ca	H:	
Carlos Octo	En. Rolling	at (<u>365</u>) 799 & Area Code Daytime	37-3
Name of	reison	The exact visiting	
Enclosed is a check for th	e 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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record hability Company)	ds.)
	,	and assigned
This amendment is submitted to amend the following:	and assigned ment number	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		>> <u></u>
	ffice address on our record	Institution 1
Name of New Registered Agent:		
New Registered Office Address:		505
	. F	lorida
	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 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>	<u>Address</u>	Type of Action
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an effective date is liste	d, the date must be spe	ecitic and cannot b	e prior to date of	filing or more than	90 days after filir	ig.) Pursuant (o 605.0
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Filing Fee: \$25.00