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10/29/24--01022--090 **155.00



COVER LETTER

TO:

Registration Section
Division of Corporations

	ROYAL PERSIMMON, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAURA PIPPIN		
	47-	Name of Person	
	ROYAL AMERICAN		
		Firm/Company	
	1022 W. 23RD STREET,	SUITE 300	
•		Address	·
· -	PANAMA CITY, FL 3240	95	
		City/State and Zip Code	-
	laura.pippin@royalamerica	n,com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
Laura Pippin		850 769-8981	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL PERSIMMON.	LLC		
(Name of the Limited Liability Company as it r (A Florida Limited Liability Company)	now appears on our recor Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Company were fil	led on08/14/2014		_ and assigned
Florida document number L14000127599 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability cor	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LL	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·	<u> </u>
	·····		02
		1 - 3	8
Enter new mailing address, if applicable:			727
Mailing address MAY BE A POST OFFICE BOX)		· ;	. 9 F
		· · ·	2 0
		:-	
B. If amending the registered agent and/or registered office address	on our records, <u>ente</u> i	r the ameri	of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	ess.	
	I. i	lorida	

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	JBC of Panama City. Inc.	1022 W. 23rd Street, 3rd Floor	
		Panama City, FL 32405	■Remove
			□Change
MGR	JBC of Panama City, Inc.	1022 W. 23rd Street, 3rd Floor	≣ Add
		Panama City, FL 32405	□Remove
			□Change
			□Add
			□Remove
			□Change
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Effectiv	ce date, if other than the date of filing:
Note:	nt's effective date on the Department of State's records.
Note: 1 docume	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Note: I docume docume record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.

Filing Fee: \$25.00