# LINCOCHT 75M

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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PEGRETARY OF STATE FALLAHASSEE FLORIDA

## **COVER LETTER**

10:	Division of Cor			
SUBJE	ROYMOR,	LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CHRISTIAM CARDENA	S, ESQ.	
			Name of Person	
		LOUIS A. SUPRASKI, P.,	A.	
			Firm/Company	<del></del>
		2450 NE MIAMI GARDE	NS DR. 2ND FLOOR	
			Address	
		MIAMI, FL 33180		
			City/State and Zip Code	
		SUPRASKI@SUPRASKIL		
		,	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
LOUIS	S A. SUPRASKI, I	ESQ.	305 792-0060 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$25	5.00 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

ROYMOR, LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
he Articles of Organization for this Limited Liabil	ity Company were filed on 09/12/2014	and assigned
lorida document number L14000143284	•	
nis amendment is submitted to amend the following	ıg:	
If amending name, enter the new name of the	limited liability company here:	
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
nter new principal offices address, if applicable	:	
rincipal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX	<u> </u>	
	-	
. If amending the registered agent and/or i	•	enter the name of the
gistered agent and/or the new registered office	audress nere:	्रिक्त <b>जि</b>
Name of New Registered Agent:		S 2 - 12 /
New Registered Office Address:		
	Enter Florida street address	2: 7:
<del></del>	, Flori	da さい
	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
MGR	CARMENZA KLINE	613 LOCUST HILL DR.	□ Add
		HARRISONBURG, VA 22801	Remove
			□ Change
MGRM	CARMENZA KLINE	613 LOCUST HILL DR.	<b>∃</b> Add
		HARRISONBURG, VA 22801	Remove
			☐ Change
			□ Remove
			□ Change
<del></del>	<del></del>		Add
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f an effe	ve date, if other than the date of filing:	7 A A A A A A A A A A A A A A A A A A A
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Filing Fee: \$25.00