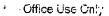
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4	, (COVER LETTER	· · · · · · · · · · · · · · · · · · ·
Registration Se Division of Cor			Jhanging Title
subjects Tech	Royale LLC Name of Limi	ted Liability Company	Thanging Title From CEO to MGR
			MGR
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Charmaine R	Aymon d Name of Person	
	Tech Royale	Firm/Company	
	1005 South [S'' S + Address	
	Lake Worth	F1 33460 City/State and Zip Code	
	info@techroya E-mail address: (1	le. net to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
<u>Charmaine</u>	Raymond	at (561) 951-7 Area Code Daytime	684
Name o	f Person	Area Code Daytime	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 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

Tech Royale LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L14000165311</u> .	e filed on <u>Oct හතුදැ მ</u> වී, ම	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and end with the words "Limited Liability	Company," the designation "LLC" or the	e 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)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, ente	er the name of the new
Name of New Registered Agent:		≥
New Registered Office Address:	Enter Florida street address	ASS AND
	nner r iorida street adaress	Fr: 5

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 'M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	Charmaine Raymond	1008 souten"D" st &	Add
		Lake worth fl 33460	@^Remove
mar	Charmaine Raymond	1005 South "D" St	
		Lake worten fl 33460	Remove
			Add
			□ Remove
			Add Acmove
		<u> </u>	Add 30 Remove
			□ Add □ Remove

it amending any other inte	ormation, enter change(s) here: (Attach add	litional sheets, if necessary.)
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	n the date of filing: c, cannot be prior to date of receipt or filed date and cannot the Florida Department of State)	(optional) not be more than 90 days after
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Dated November 1	, 2014	
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	Signature Ka member or authorized representa	4
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