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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration So Division of Co			
		_	the to
SUBJECT: ROYTO	ers id LLC	**************************************	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Path	Altmon	
		Name of Person	
	0.45		
	- HOUT	Firm/Company	
		rani/Company	•
	3202	5W 5i 5ti	
		Address	
	GA :	a shardale C	2031
	<u> </u>	City/State and Zip Code	22217
	pretnorain	LLC @ movil.	'M
•	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
	, , ,		•
Beth Activ	700	at (501) 213-3	779
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
□ \$25.00 Fining ree	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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

TO ARTICLES OF ORGANIZATION OF

<u> </u>	<u>uc</u>		<u> </u>
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Li.	ability Company 043	ديا ۾ ۽	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applica		3202 5W 51 5	st. > fi
(Principal office address MUST BE A STREE)	<u> ADDKESS)</u>	707 WWITCH	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	3202 SW SI	SI.
		35517	<u> </u>
B. If amending the registered agent and/or the new registered off			enter the name of the new
Name of New Registered Agent:			385
New Registered Office Address:	320251	N 5) 3. Enter Florida street address	100 M
	Val For-	EXCOLO, Flor	ida 330 2
		Cuy	23 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

or removed from our records:

MGR = Ma	nager thorized Member		/
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	[
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			☐ Change
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			Change
1			Add
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695 0007 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of one of the south day after the record is filed. Dated Signature of a member or authorized representative of a member Rignature of a member or authorized representative of a member Typed or printed name of signee		
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	Dated 5/3/17	
	Signature of a member or authorized representative of	of a member

Page 3 of 3

Filing Fee: \$25.00