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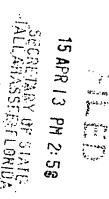
(Re	questor's Name)	
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COVER LETTER

TO: Registration Section ' Division of Corporations		
SUBJECT: AAA ROYAL Name of Lim	Cleaning ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Christi	Name of Person	· · · · · · · · · · · · · · · · · · ·
AAA R	OYAL Clear	ning
717 W	estwood B	beach Circle
Panama	City/State and/Zip Code	n. Fl 30413
E-mail address: (to be used for future annual report notifi	aol.com
For further information concerning this matter, please of	all:	
Name of Person	at (\$50 Daytime	S-6852 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\square\$ 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

A A (Name of the Limited Liability Compa) (A Florida Limited	eaning any as it now appears on our records.) Liability Company)	. <u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>4-3-15</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Panama CIty	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	717 Westwood Panama city B	Beach circle
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:	- · · · · · · · · · · · · · · · · · · ·	O Marie
New Registered Office Address:	Enter Florida street address , Florida	PM 2: 5
	City	Care 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

MGR = Manager, AMBR = Authorized Member Title Name <u>Address</u> Type of Action Ian W McNair 22621 Hilltopave DAdd Panama City Beach, Fl 32413 □ Add _□ Remove □ Add □ Remove □ Add 끐 Remove <u>∽</u>□ Add ☐ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
. Change of address from	
22621 Hilltop ave Panama city B	echf!
to	2473
NEW address 7,7 Westwood Beach	circle
Panama City Beach, Fl	3241
E. Effective date, if other than the date of filing:	75
Dated April 8 , 2015	
Signature of a member or authorized representative of a member	
Christi L. MoorE Typed or printed name of signee	
Typed of printed fallity of digited	

Page 3 of 3

Filing Fee: \$25.00

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