

L15000113868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

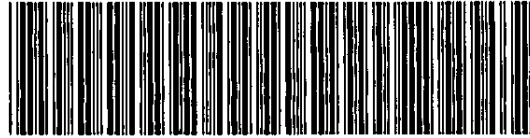
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO AMBR NAMES
PER CONVERSATION WITH
SONIQUE ACHER 4/19/2016
KS

Sign

Office Use Only



800283915088

04/04/16--01014--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 18 PM 2:47

FILED

K. SALY
EXAMINER

APR 19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

CLAUDETTE A ROBINSON
ROYALTY COMMUNICATIONS, LLC
4823 SILVER STAR RD, STE. 160C
ORLANDO, FL 32808

SUBJECT: ROYALTY COMMUNICATIONS, LLC
Ref. Number: L15000113868

We have received your document for ROYALTY COMMUNICATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 216A00007238

COVER LETTER

**TO: Registration Section
Division of Corporations**

RECEIVE
2016 APR 18 AM 11:48

SUBJECT: ROYALTY COMMUNICATIONS LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDETTE A. ROBINSON

Name of Person

ROYALTY COMMUNICATIONS LLC

Firm/Company

4823 SILVER STAR ROAD STE 160

Address

ORLANDO FL 32808

City/State and Zip Code

MAINTENANCE@KINGDOMCONTR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CEDRIC ROBINSON

Name of Person

407

at ()

Area Code

223-4786

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

ROYALTY COMMUNICATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2016 APR 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/01/2015 and assigned
Florida document number L15000113868.

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 contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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> | <u>Type of Action</u> |
|--------------|----------------|--------------------|--|
| AMBR | CEDRIC WROTEN | 5619 TAMMANY COURT | <input checked="" type="checkbox"/> Add |
| | | ORLANDO FL 32808 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CEDRICK WROTEN | 5619 TAMMANY COURT | <input type="checkbox"/> Add |
| | | ORLANDO FL 32808 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CEDRICK WROTEN | 5619 TAMMANY COURT | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FY1- I initially submitted the \$25.00 fee however one of the paypers was not signed, I am resubmitting the paper v

The check was already cashed on 04/05/2016

The EIN number have also changed. Please update the new number 81-2018311

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2016 APR 18 PM 2:47
CLERK OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

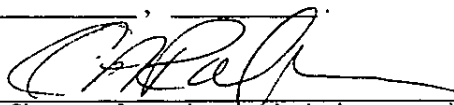
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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:

(b) The 90th day after the record is filed.

Dated 04/14/2016



Signature of a member or authorized representative of a member

Claudette A. Robinson

Typed or printed name of signee