L15000141695

(F	Requestor's Name)
(<i>F</i>	Address)
(<i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
wrong	form
,	Office Use Only



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**	C	OVERLETTER	Ŋ,
TO: Registration Section Division of Corpor	ations	e e e e e e e e e e e e e e e e e e e	
SUBJECT: Roy	A L GARDI	N ESTATES	126.
1	Name of Limite	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	sitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	THEODORE	Name of Person	
		Firm/Company	
	17745 NW	19 AVE MIANI	6205-6
	MIAM' (That R Will E-mail address: to	City/State and Zip Code Am S D Y Hody obe used for future annual report notifi	Com 3
For further information condition in Figure 1 Post Property of Pro	eerning this matter, please ca	at (30) 534	7666 23 Telephone Number
Enclosed is a check for the	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
2601 Executive Center Circle
Tallahassee, FL 32301



September 14, 2018

THEODORE WILLIAMS ROYAL GARDEN ESTATES LLC 17745 NW 19 AVE MIAMI GARDENS, FL 33056

SUBJECT: ROYAL GARDEN ESTATES" LLC"

Ref. Number: L15000141695

We have received your document for ROYAL GARDEN ESTATES" LLC" and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 718A00019200

Diane Cushing Senior Section Administrator

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

_	0.	•	1	
Name of the Limited	OAR Liability Compan Florida Limited L	Y as it now ay	to the superior on our records on our records	LLC,
The Articles of Organization for this Limited Liab Florida document number	695.	were filed or	n <u>9-18-20</u>	and assigned
This amendment is submitted to amend the follow	ring:		A Company	AT THE
A. If amending name, enter the new name of the CARDE	IN US-	tates	4LC	20 Pr
The new name must be distinguishable and contain the wor	ds 'Limited Liabili			
Enter new principal offices address, if applicat	ole:	62 N	IE 18 / TEAR	MIAM. 12-3
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BO</u> X)	1774 M.m Po	S NW 19A N GARDENS BOX 12	1U€ F1. 33656
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice addres	s on our records, <u>e</u>	nter the name of th
Name of New Registered Agent:	DAG	211	Williams	
New Registered Office Address:	62 N	E 18	Florida street address	L 33/19
	Mir) / / /	, Florid	la 33/19
		-1L7		

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 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 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 Charging No. and 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 = M $AMBR = A$	uthorized Member	
Title MGA	DARIN WILLAM	Address / Steph. Type of Action MIAN. (1.33/179)
		Remove
		Change
		Remove
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fectiv	re date, if other than the date of filing: $\frac{G-20-18}{}$ (optional)
an effector ote: 1	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	0.33.46
ated_	9-20-18
	Signature of a member or authorized representative of a member
	THEODORE WILLEMS
	IDTORDRE IARIO IARIO I

Page 3 of 3

Filing Fee: \$25.00