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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: XAMAICA ROYALS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Morgan Tharpe, III

\_\_\_\_\_  
Name of Person

Law Office of Morgan Tharpe, III

\_\_\_\_\_  
Firm/Company

3601 Van Buren Street Apt. 2

\_\_\_\_\_  
Address

Hollywood, Florida 33021

\_\_\_\_\_  
City/State and Zip Code

Xamaicaroyals@gmail.com

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

For further information concerning this matter, please call:

Morgan Tharpe, III

954 997-9665  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Xamatica Royals LLC  
(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 Liability Company were filed on 9/4/2015 and assigned Florida document number 215000152311.

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         | Morgan Tharpe, III | 3401 Van Buren St #2<br>Hollywood, FL 33021 | <input checked="" type="checkbox"/> Add |
|              |                    |                                             | <input type="checkbox"/> Remove         |
|              |                    |                                             | <input type="checkbox"/> Change         |
| MGR          | Joelle A. Ferguson | 3240 Wesley Rd SE<br>Palm Bay, FL 32909     | <input checked="" type="checkbox"/> Add |
|              |                    |                                             | <input type="checkbox"/> Remove         |
|              |                    |                                             | <input type="checkbox"/> Change         |
|              |                    |                                             | <input type="checkbox"/> Add            |
|              |                    |                                             | <input type="checkbox"/> Remove         |
|              |                    |                                             | <input type="checkbox"/> Change         |
|              |                    |                                             | <input checked="" type="checkbox"/> Add |
|              |                    |                                             | <input type="checkbox"/> Remove         |
|              |                    |                                             | <input type="checkbox"/> Change         |
|              |                    |                                             | <input type="checkbox"/> Add            |
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|              |                    |                                             | <input type="checkbox"/> Remove         |
|              |                    |                                             | <input type="checkbox"/> Change         |

ALLA HASSLE, FLORIDA  
JUL 18 PM 2:23

16 AUG 18  
MAILMAN/SEE

16 AUG 18 PM 2:22

**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.

Dated 8/13, 2016

Joelle Aliana Ferguson  
Typed or printed name of signee