L1500152527

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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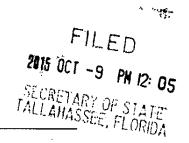
TO:

Registration Section

Division (ot Corporatio	ns		
SUBJECT:		ROYAL CONNECTION	ONS INTERNATIONAL GROU	JP, LLC
SUBJECT:		Name of Limi	ited Liability Company	
		ment and fee(s) are sub	_	
Please return all co	rrespondence	concerning this matter	to the following:	
		-	TANIA R. HERNANDEZ	
			Name of Person	
		ROYAL CONNEC	TIONS INTERNATIONAL G	ROUP, LLC
			Firm/Company	
		1420 CELEI	BRATION BOULEVARD, SUI	TE 200
			Address	
		CELE	BRATION, FLORIDA, 34747	
			City/State and Zip Code	
		-	lConnectionsIG@outlook.com	
T C-+ C			to be used for future annual report r	iotification)
ror turther informa	ation concerni	ng this matter, please ca	411;	
TAI	NIA R. HERN	ANDEZ	at ()	818-2038
1	Name of Person		Area Code Day	time Telephone Number
Enclosed is a chec	k for the follow	ving amount:		
□ \$25.00 Filing 1		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)
I I	MAILING AI Registration Se Division of Co P.O. Box 6327	ection rporations	Registration Se Division of Cor Clifton Buildin	porations 3
	Γallahassee, Fl	L 32314	2661 Executive	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROYAL CONNECTIONS INTERNATIONAL GROUP, 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 Lia Florida document numberL15000152527	bility Company were filed on	September 4, 2015	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	ere:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the d	esignation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	r registered office address on	our records, enter t	
New Registered Office Address:	Enter Flor	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	and complete performance of ered agent as provided for in C gistered office address, I hereb	my duties, and I am fa Chapter 605, F.S. Or, ij	miliar with and this document is

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>	Name	Address	Type of Action
MGR	TANYA F BAHENA	1420 CELEBRATION BLVD	Add
		SUITE 200	□ Remove
		CELEBRATION, FL 34747	☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
	-		
			☐ Remove
		Change	
			☐ Remove
			☐ Change

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(If an effect Note: If	e date, if other than the date of filing:	605.0207 (3 isted as th)(b) e
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.	rlier of:	
Dated	October 6th, 2015.		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00