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COVER LETTER

TO:		stration Sec sion of Corp		٠.	
CHID IT.	CT.	Kisses-Palm	Sea Royal LLC		
SUBJE	CI;		Name of Limi	ited Liability Company	····
			Amendment and fee(s) are submitted the concerning this matter to		
			Andrew I. Telsey		
				Name of Person	···········
			Andrew I. Telsey, P.C.		
				Firm/Company	
			12835 E. Arapahoe Road,	Suite I-803	
				Address	
			Centennial, CO 80112		
				City/State and Zip Code	
			andrew@telseylaw.com	to be used for future annual report notifi	instian)
For furt	her int	formation co	oncerning this matter, please ca	·	Cattony
Andrew	v I. Te			303 768-9221 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a	check for th	e following amount:		
■ \$ 25	.00 Fi	ling 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

TO ARTICLES OF ORGANIZATION OF

KISSES-PALM SEA ROYAL LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number L15000159447	y were filed on September 18, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility 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 energistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
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

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Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Claudio Ferri	12280 53rd Avenue	
		Montreal, QC H1E 0A5 CA	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove Change
			STATE OF Remove
		•	☐ Change

	•	
F Fffee	tive date, if other than the date of filing:(optional)	
(If an e	ffective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (3)(b) as the
	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
Date	1 - 100 = 5,2015, 2015	
	Signature of a member or authorized representative of a member	
	Michele DiTURI	
	Typed or printed name of signee	
	RE CO	
	Page 3 of 3	

Filing Fee: \$25.00