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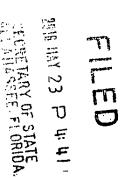
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MAY 25 2016

SWARREN

COVER LETTER

	gistration Sectorision of Corp			
CUBIECT	ROYAH EST	TATES LLC		
SUBJECT		Name of Lim	ited Liability Company	<u>.</u>
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspon	dence concerning this matter	to the following:	
		MOHAMMAD AL JAMA	L	
			Name of Person	
		<u></u>	Firm/Company	<u></u>
		8515 SW 129 TERR		
			Address	
		MIAMI,FL 33156		
			City/State and Zip Code	
		JASPAR@AMBIZONLINI		
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please co	all:	
JASPAR I	PARDIWALA		786 314-1116	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	s 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Fiorica Entitied English Company)	
The Articles of Organization for this Limited Liability Company were filed on JANUARY 13,2016 Florida document number L16000009417	and assigned
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" of	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:	- <u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
- Enter Florida street address	
, Flori	ida Zip Code
City	Zip Code

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

Page 1 of 3

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>	Address	Type of Action
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fective date, if other than the date of f	ilina	4	optional)	
in effective date is listed, the date must be specificated. If the date inserted in this block does recurrent's effective date on the Department	c and cannot be prior to date of fill not meet the applicable statuto	ng or more than 90 days	after filing.) Pursuant	to 605.0207 (3 be listed as th
record specifies a delayed effective. The 90th day after the record is file	ve date, but not an effected.	tive time, at 12:0	01 a.m. on the	earlier of:
sted 5/11	2016			
	MI ()			
Signature	of a member or authorized repres	entative of a member		
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