## 116000104823

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## **COVER LETTER**

Div	ision of Corpo	rations					
SUBJECT:	ROYALTY F.	ARM LLC	EIN 81-2816	265			
ocouber.			Name of Limit	ted Liability Company			
The enclosed	l Articles of An	nendment and	fee(s) are subn	nitted for filing.			
Please return	all corresponde	ence concerni	ng this matter t	o the following:			
		GARY TAB	В				
				Name of Person		-	
	ROYALTY FARM LLC						
Firm/Company							
	4699 N. FEDERAL HIGHWAY, SUITE 110						
				Address		_	
POMPANO BEACH, FL 33064							
				City/State and Zip Code		_	
		G1MKTG@A					
		Е	-mail address: (to	be used for future annual report	rt notification)		
For further in	nformation cond	erning this m	atter, please ca	II:			
GARY TAB				954 242-39 at ()			
	Name of Pe	erson		Area Code D	aytime Telephone Numbe	<del></del>	
Enclosed is a	check for the f	ollowing amo	ount:				
□ \$25.00 F	iling Fee		ng Fee & te of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certifie	ate of Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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**

ROYALTY FARM LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000104823}{L16000104823}$ .	were filed on MAY 31, 2016 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4699 N. FEDERAL HIGHWAY, SUITE 110		
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33064		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	<u> </u>		
	, Florida		

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 Ag

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>	Name	<u>Address</u>	Type of Action
MGR	EDWARD N. TABB	340 ROYAL POINCIANA WAY, ♣	
		PALM BEACH, FL 33480	■ Remove
			Change
ST	EDWARD N. TABB	340 ROYAL POINCIANA WAY,	🗆 Add
		PALM BEACH, FL 33480	<b>≅</b> Remove
			Change
MGR	HARVEY TABB	19 MORNING GLORY	🗆 Add
		IRVINE, CA 92603	■ Remove
			Change
MGR/ST	GARY TABB	StE. 110	
	, ,	StE. 110	□ Remove
		POMPANO BEACH, FL 3300	Change
			Add
			Remove
		2	• • • • • • • • • • • • • • • • • • • •
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		ATE RIDA	Change

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	Signature ova	member or authorized representated by TASS Typed or printed name of signee	ive of a member	HASS	(mark) and
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		Typed or printed name of signee			
				ST ST	

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