

L16000104823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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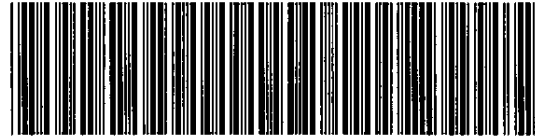
(Business Entity Name)

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S Warren

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROYALTY FARM LLC EIN 81-2816265

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:

GARY TABB

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@AOL.COM

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

For further information concerning this matter, please call:

GARY TABB

954

242-3918

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

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>
MGR	EDWARD N. TABB	340 ROYAL POINCIANA WAY, PALM BEACH, FL 33480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
ST	EDWARD N. TABB	340 ROYAL POINCIANA WAY, PALM BEACH, FL 33480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	HARVEY TABB	19 MORNING GLORY IRVINE, CA 92603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR/ST	GARY TABB	4699 N. FEDERAL HWY STE. 110 POMPANO BEACH, FL 33064	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TREASURY FLORIDA

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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 SEPTEMBER 6, 2016

GARY TABB

Filing Fee: \$25.00

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