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SECRETARY OF STATE

SECRETARY OF STA

COVER LETTER

TO:

TO: Registration Sec Division of Cor			
	AL FAMILY INVESTMENT I	J.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE A TAVERAS		
		Name of Person	
	THE ROYAL FAMILY IN	VVESTMENT LLC	
		Firm/Company	
	12473 S ORANGE BLOS	SOM TRAIL SUITE 40	
		Address	
	ORLANDO, FL 32837		
		City/State and Zip Code	
	HOMESPECIALIST 18@10	CLOUD.COM to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	•	
JOSE A TAVERAS	· · ·	407 435-0083	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 1:6 AH 11: 25 THE ROYAL FAMILY INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE. FL The Articles of Organization for this Limited Liability Company were filed on $\frac{06-09-2016}{1}$ and assigned Florida document number L16000112347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAJESTEE REALTY LLC The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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
		 	Remove
			□ Change
			
			□Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing require cument'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 earlief.	arlier of: (b) The 90th day after the
ted MAY 11 2022	
(A:C)	
Signature of a member or authorized representative of a men	nber