## L16000112943

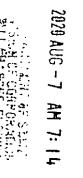
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SEP 2 8 2020 S. YOUNG

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations				
	OACHES, LLC				
SUBJECT:	Name of Lin	nted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
ricase return air correspo	machee concerning has mader	to the following.			
	CARLOS RAUL CALDE	RON			
		Name of Person			
	ROYAL COACHES LLC				
		Firm/Company			
	14214 CHARMONT CT				
		Address			
	ORLANDO FL 32837				
		City/State and Zip Code	·		
	royalcoachesre@yahoo.con				
		to be used for future annual report is	otification)		
For further information c	oncerning this matter, please c	all:			
CARLOS RAUL CALDERON		407 683-0285 at ()			
Name o	of Person	at () Aréa Code Dayt	ime Telephone Number		
Enclosed is a check for the	-				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	! 3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:			
Registration :	Section	Registration S	Registration Section		
Division of C	•	Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 610 86 and assigned Florida document number 616000112943.
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" 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 Office Address:  14214 Charles Contact Charles  Enter Florida street address

## 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

1	MGR = Manager AMBR = Authorized Member						
	<u>Title</u>	<u>Name</u>	Address	<u>s</u>	Type of Action		
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. 11 amei 	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effer Note: 1	tive date, if other than the date of filing:
the record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Agot 4th. Doo
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

A CHANGE