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## **COVER LETTER**

TO:	Registration Se Division of Cor			
Otto	RoyalGrad	e 458 LLC	•	
SUB	IECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter t	to the following:	
		Linda Lepore		
			Name of Person	
		Caloosehatche Tax & Fir	nancial Services	
			Firm/Company	
		709 Cape Coral Pkwy W		
			Address	
		Cape Coral, FL 33914		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fi	irther information co	oncerning this matter, please ca	ill:	
Linda	a Lepore		239 540-2612	Telephone Number
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> \$3	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 OF

RoyalGrace 458 LLC

(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 \_\_\_\_\_06/22/2016 and assigned Florida document number L16000120122 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." 耍 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: 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. 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

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
AMBR	Woong, Mai Sow	728 SW Pine Island Rd Unit 4 Cape Coral, FL 33991	■ Add
			□ Remove
AMBR	CTFS GLOBAL,Inc	615 Cape Coral Pkwy W. St106 Cape Coral, FL 33914	
			■ Remove
			Change
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			Remove
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E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to <b>Note:</b> If the date inserted in this block does not meet the applicab	o date of filing or more than 90 days after filing.) Pursuant to 605.0: ble statutory filing requirements, this date will not be listed
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not	an effective time at 12:01 a.m. on the earlier
(b) The 90th day after the record is filed.	an enecess eme, as 12.01 anni on the current
Datus August 31st 2018	
Dated August 51st	_ ·
YEZOT,	
	ized representative of a member

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Filing Fee: \$25.00