## L16000120122

(Requestor's Name)
(Address)
(Address)
(Cit. (Chana (Tim (Dhana 4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
9/15/21
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## **COVER LETTER**

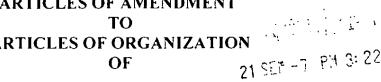
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TO: Registration Section

Division of Cor	porations		
	ROYALGRACE	458 LLC	le .
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas James Senatore		
		Name of Person	
	ROYALGRACE 458 LLC		
		Firm/Company	······································
	2706 Shelby Parkway		
		Address	
	Cape Coral, Florida 33904		
	T.Senatore@bellacasaservi	City/State and Zip Code	
	_	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Thomas Senatore		at () 223-8130 Area Code Daytin	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration So	action
Registration Section Division of Corporations		Division of Co	
P.O. Box 6327		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810
Tallahassee, FL 32314		2 <del>4</del> (2) (4. (9)0)3()	Je Jacet, June 010

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ROYALG	RACE 458 LLC	
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) (Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on 06/15/2016	and assigned
orida document number L16000120122		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		. <u></u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u></u> .
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the	e name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Negistered Agent.	<u>-</u>	
New Registered Office Address:	Enter Florida street address	<u>.                                      </u>
	, Flori	da Zip Code

## 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 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

ANIBR - Authorized Member		20 CE 2 - 7 Fit 3. 2-	
<u>Title</u>	<u>Name</u>	Address 21 SET -7 Fit 3. 22	Type of Action
AMBR	TEOH. GOAY SEE	2706 Shelby Pkwy CAPE CORAL, FL 33904	□Add
			■Remove
			□Change
AMBR	WOONG, MAI SOW	2706 Shelby Pkwy CAPE CORAL, FL 33904	🗆 🗆 Add
			■Remove
			□Change
MGR	THOMAS JAMES SENATORE	2706 Shelby Pkwy CAPE CORAL, FL 33904	<b>=</b> Add
			□Remove
			□Change
			Dadd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional and additional additional and additional additiona	onal sheets, if necessary:) 21 SEF - 1 Fri 3: 22
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. record is filed.	on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 01 2021	
7 1 4 1	
Signature of a member or authorized representative	e of a member
THOMAS JAMES SENATORE	
Typed or printed name of signee	

Filing Fee: \$25.00