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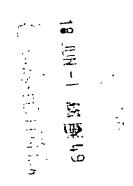
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(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUD	Royal Tree	Manatee, LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspo	indence concerning this matter	to the following:	
			Name of Person	<del></del>
		Tax & Financial Advisors,	Inc.	
			Firm/Company	<del></del>
		2189 Logan Street		
			Address	<del></del>
		Clearwater, FL 33765		
		tfainc@tfa1120.com	City/State and Zip Code	
		-	to be used for future annual report notific	cation)
For f	urther information co	oncerning this matter, please ca	all:	
Shan	anon A. Shehorn		727 442-1120 at ( )	
	Name o	f Person		Telephone Number
Encle	osed is a check for th	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 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

Royal Tree Manatee, 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 August 11, 2016 and assigned Florida document number L1600 0 150 126 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: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, 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
MGR	Cruz Angel	5247 Springwood Blvd.	<b>■</b> Add
		Pinellas Park, FL 33782-2764	□ Remove
			□ Change
<del></del>			O Add
			□ Remove
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			□ Add
		<del>-</del>	□ Remove
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			□ Remove
			Change

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	tive date, if other than the date of filing: (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	•			•		
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Filing Fee: \$25.00