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SECRETARY OF SIAIR

D. BRUCE DEC 20 2016

COVER LETTER

TO:	Registration Sect Division of Corpo					
CEUD EE	Royale Trave	LLC				
SUBJE	CI:	Name of Limi	ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are subr	mitted for filing.			•
Please r	eturn all correspond	dence concerning this matter t	to the following:			
		Hortensia A. Menduina				
			Name of Person		_	
			Firm/Company		_	
		13591 82nd LN N				
			Address			
		West Palm Beach, FL 3341	2			
		royaletravel.llc@gmail.com	City/State and Zip Code		- -	
		E-mail address: (t	o be used for future annual report notif	ication)	2016	•=•्न्
For furt	her information con	ncerning this matter, please ca	ill:			* *
Hor	Lensia A. Name of F	Menduina	at (863) 233- Area Code Daytime		OEC 19 P	
Enclose	ed is a check for the	following amount:	,	,	1: 20 STATE LORIDA	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

TO ARTICLES OF ORGANIZATION OF

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 "Liability Company." the designat			
The Articles of Organization for this Limited Liability Company were filed on L16000221540 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 "Lienter 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 recoregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	<u>rds.</u>)		
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 "LICENTER NEW Principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter 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 recornegistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address.			
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Enter Florida street addr			
T	Enter Florida street address		
	Florida		
City	Zip Code		

If Changing Registered Agent, Signature of New 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Hortensia A. Menduina	13591 82nd LN N	■ Add
		West Palm Beach, FL 33412	■ Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove DEC Change
			AHASSEE, FLORIDA Remove
			Change
<u></u>			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change

Adding t	o be authorized on i	making any c	changes to this	company					
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Effective date If an effective dat	, if other than the e is listed, the date mu	e date of fili st be specific a	ng: nd cannot be pri	or to date of file	ing or more than 90	(opti 0 days after	onal) r filing.) F	ursuant to	605.0207
Note: If the da	te inserted in this blective date on the D	lock does not	meet the app	licable statuto	ry filing require	ments, thi	s date w	ill not be	listed as
document 5 cm	benve date on the D	epartment of	State 3 recon	43.					
ne record sp The 90th c	ecifies a delayed lay after the rec	d effective ord is filed	date, but r	not an effec	ctive time, at	12:01 8	a.m. or	n the ea	arlier o
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Decemb Dated	er 16		2016	<u></u>					
			C 1						
			~ ~~	7/-					
		Signature of	a menuber or au	thorized repres	entative of a mem	ber			<u></u>
	tensia A. Menduina		a member or au	thorized repres	entative of a mem	ber			-

Page 3 of 3

Filing Fee: \$25.00