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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROYAL CONSULTING EnterPrise, LLC Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Odelmar Escoto Name of Person
Boyal Consulting Enterprise, LLC
1600 W. Prospect Rd 2E
Oakland Park, FL 33317 City/State and Zip Code
Royal consulting Entagmail. (on E-mail address: (to be used for diture annual report politication)
For further information concerning this matter, please call:
Odelmar Escoto at (954) U81-8179 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAHLING 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

Rola Consulting Enterprise, 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 Liab	ility Company were file	ed on 3-9-1	7 and assigned
Florida document number <u>L1700054/</u>	3.7/_		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability com	pany here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Compa	ny," the designation "LLC"	or the abbreviation "L.L.C"
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY RE A POST OFFICE BO	<u></u>		
	<del></del>		SS. G
			Es ≩ III
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office add	lress on our records,	enter the name of the nev
registered agent and/or the new registered offic	<u>e address here</u> :		RA: <b>↓.</b> RDA
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	<del></del>
		. Flo	rida
•	Cuy	110	Zip Code
Yaw Dagistarad Agant's Signatura, if changing Dag	istarad trant:		

## 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 Address Type of Action <u>Title</u> <u>Name</u> MGR odelmar Escoto □ Add □ Remove □ Add □ Remove \_□ Change \_□ Add ☐ Change □ Add □ Remove \_ Change \_□ Add \_□ Remove \_□ Change

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fective date, if other than the date of filing in effective date is listed, the date must be specific an otter. If the date inserted in this block does not becoment's effective date on the Department of	nd cannot be prior meet the applic	able statutory fi	r more than 90 da			
record specifies a delayed effective The 90th day after the record is filed		t an effectiv	e time, at 12	:01 a.m. on	the ea	rlier c
ated May 2nd	.2017 n.el	-A) .				

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Filing Fee: \$25.00