Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER

Account Number : I20090000078 Phone : (561)801-7312 Fax Number : (561)515-3904

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROYAL POINCIANA PALM BEACH, LLC

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D.SCOTT

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Corporate Filing Menu

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Registration Section

TO:

# H190001685063

(FAX)

#### **COVER LETTER**

Divisio	on of Cor	porations			
	OYAL PO	DINCIANA PALM BEACH, I	I.C		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed A	rticles of	Amendment and fee(s) are sub-	mitted for filing.		
Picase return al	Leorrespo	ndence concerning this matter	to the following:		
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		Paul A. Krasker, Esq.			
			Name of Person		Y
		The Law Office of Paul A.	Krasker, P.A.		24 EE
			Firm/Company		jn >
		1615 Forum Place 5th Floo	or		ု ယ္ ယ
			Address		C
		West Palm Beach, FL 334	01		
			City/State and Zip Code	···	4 A
		pkrasker@kraskerlaw.com		,,,,	Ť
Para Barahara in Ca			to be used for future annual report not	(fication)	
ror iurmer inio	ormation c	oncorning this matter, please of			
Paul A. Kraske	er 		at ()		
	Name o	f Person	Arca Code Daytin	ne Telephone Number	
Enclosed is a cl	heck for th	ne following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR: Registration Section Division of Corpo Clifton Building 2661 Executive Country Tallahassee, FL 32	on rations enter Circle	

### 付りのことをよう 4 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL POINCIANA PALM BE					
(Name of the Limi	ted Liability Company as it now at (A Florida Limited Liability Compa	opears on our records.)			
The Articles of Organization for this Limited L	iability Company were filed or	n APRIL 4, 2017	anc	assigne	d
Florida document number L17000075720					
This amendment is submitted to amend the fol-	lowing:				
A. If amending name, enter the new name of	of the limited liability compan	iv here:	異に	273	17
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the	abbreviation	11.C."	
Enter new principal offices address, if appli-	cable:				<u>:1</u>
(Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>	- 3	$\triangleright$	フ
				رب	-4.00
			_	يا تا	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and registered agent and/or the new registered o		s on our records, <u>ente</u>	r the na	me o <u>f</u> t!	ie new
Name of New Registered Agent:	The Law Office of Paul A. K	rasker, P.A.			
New Registered Office Address:	1615 Forum Place 5th Floor				
	Ente	r Florida street address			
	West Palm Beach	, Florida <sup>2</sup>	33401		
	Cin		7in C	nde	

#### 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

Page 1 of 3

## M190001685843

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	David Frisbie	125 Worth Avenue, Suite 112	<b>-</b>
		Police Procedure 27 22400	D Add
		Palm Beach, FL 33480	☐ Remove
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tive date, if other than the c fective date is listed, the date must If the date inserted in this blo- nent's effective date on the Dep	be specific and cannot be prior to date o ck does not meet the applicable stat	(options filling or more than 90 days after fill utory filling requirements, this da	ng.) Pursu	ant to 60 ot be lis
cord specifies a delayed 90th day after the reco	effective date, but not an ef rd is filed.	fective time, at 12:01 a.m	on th	e earl
May 23rd	2019			

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Filing Fee: \$25.00