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COVER LETTER

Division of Corporations
SUBJECT: ROYALTY & LOYALTY PROPERTIES LLC Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TERENCE D. FRINKS Name of Person
ROYAlty & LOYALTY PROPERTIES LLC
12136 SAINT ANGREWS P1 #105
MIRAMAR F/ 33025 City/State and Zip Code
MIAMI CAR FER Wag man 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TERENCE FRINKS at (186) 503-5139 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

The Articles of Organization for this Limited Liability Company	y were filed on <u>5'-17-17</u>	and assigned
Florida document number <u>L17000189 699</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	The state of the s	
Royalty & Loyalty PROPERT.ES	S LLC ility 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)		- 1
		SION OF T
Enter new mailing address, if applicable:		FILED T JUN 14 PH 1: 38 NYISION OF COLUMNIA IOH
(Mailing address MAY BE A POST OFFICE BOX)		
imating duaress Mill DE 31 OST OFFICE DOLL		5 5
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	City ,	z,ip Code

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. Thereby 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

Title Name Address Type of Action

AMBR DAShieka Coleman 1213b Saint Andrews fl *105 MIRAMAR, Fl 3.5025 PAdd

MIRAMAR, Fl 3.5025

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Filing Fee: \$25.00