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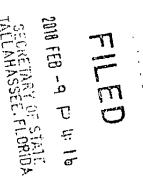
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D. SCOTT FEB 12 2018

COVER LETTER

Division of Corporations
SUBJECT: Royal TREMODELING AND SERVICES, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
TZOSERTO A. DIAZ Name of Person
ROYAL REMODELING AND SERVICES, LLC Firm/Company
JI SEMINOLE Dr.
ROYAL RALM BEACH, FL 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Posento A. Diaz at (561) 351-636255 = Name of Person at Code Daytime Telephone Number 555
Englosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

Name of the Limited Li	NO SERVICES L	L &	
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000125411</u> .	vere filed on June もって	217 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
ROBERTO'S SERVICES, LL of The new name must be distinguishable and contain the words "Limited Liability"	C y Company," the designation "LLC" or the	e abbreviation "L.L	C."
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	70 3	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, ent	FEB name of SEE	of the new
Name of New Registered Agent:	NA	T ST = 1	O
New Registered Office Address:	Enter Florida street address	Z	
	, Florida		
New Registered Agent's Signature if changing Registered Agent:	City	Zip Code	
New Kraisteren Adent's Nichsture, it chanding Kraistered Adent':			

New Registered Agent's Signature, it 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, <u>Signature of New Registered Agent</u>

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
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	ed, the date must be spec rted in this block doe	eific and cannot be pries not meet the appl	or to date of filing or mor icable statutory filing ls.		ig.) Pursuant to 605,0207
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Dated FEBRUS	iny 6th	<u></u>	<u></u>		

Page 3 of 3

Filing Fee: \$25.00