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## **COVER LETTER**

TO:	Registration Se Division of Cor		·			
SUBJE		ACE ROYAL GRAND LLC				
Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter t	to the following:			
		NUBIA GARCIA				
		NG ACOUNTING AND TAX	Name of Person ( SERVICES			
		1900 SABAL PALM DR SU	Firm/Company ITE 101			
		DAVIE, FL 33324	Address	<u> </u>		
		nubiacgarciac@gmail.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please ca	ill:			
NUBIA	A GARCIA		305 7814165			
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

### RIGHT SPACE ROYAL GRAND LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on O9.  Florida document number L17000200342	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
RIGHT SPACE INVESTMENTS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19 19
(Principal office address MUST BE A STREET ADDRESS)	AND TO THE REPORT OF THE PERSON OF THE PERSO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORDA
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	ida street address
	. Florida

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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			Add
			☐ Remove
			Change
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ective date, if other than the date of f effective date is listed, the date must be specifi	iling:	to date of filing or m	ore than 90 days after	ional)	cuant to	<u>605 020</u>
te: If the date inserted in this block does nument's effective date on the Department	not meet the applica	ible statutory filin	g requirements, th	is date will	not be	listed a
ament's errective date on the Department	of State 3 records.					
record specifies a delayed effective	ve date, but not	t an effective t	ime, at 12:01	a.m. on t	:he ea	rlier o
he 90th day after the record is fil	ed.					
. 04/15/19						
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Typed or printed name of signee

Filing Fee: \$25.00