

L17000262107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

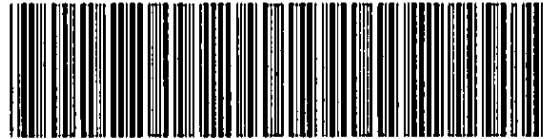
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROYAL RAYNE 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:

BIANCA J. WILLIAMS
Name of Person

ROYAL RAYNE LLC
Firm/Company

5036 DR. PHILLIPS BLVD. #260
Address

ORLANDO, FL 32819
City/State and Zip Code

bjblack3000@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BIANCA J. WILLIAMS at (**407**) **690-1361**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROYAL RAYNE 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 Liability Company were filed on 12/27/2017 and assigned Florida document number L17000262107.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BIANCA J. WILLIAMS

New Registered Office Address: 5036 DR. PHILLIPS BLVD. #260

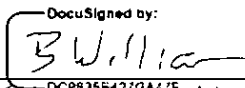
Enter Florida street address

ORLANDO, Florida 32819
City Zip Code

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.

DocuSigned by:



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BIANCA J. BLACK	5036 DR. PHILLIPS BLVD. #260	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BIANCA J. WILLIAMS	5036 DR. PHILLIPS BLVD. #260	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF DEFENSE
FALL 717-617-6171

SECRETARY OF STATE
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FBI

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 4, 2022

- DocuSigned by:

DocuSigned by:
B.William

~~DC2835E427CA57~~

Signature of a member or authorized representative of a member

BIANCA J. WILLIAMS

Typed or printed name of signee

Filing Fee: \$25.00

DEPARTMENT OF HEALTH • OFFICE OF VITAL STATISTICS

(STATE FILE NUMBER)

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPERCASE
USE BLACK INK
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon

2022-ML-006927-W

(APPLICATION NUMBER)

State of Florida Clerk of Courts

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APPLICATION TO MARRY

1 NAME OF SPOUSE (First, Middle, Last) BIANCA JANICE BLACK		1b MAIDEN SURNAME (If applicable) PASSLEY	2 DATE OF BIRTH (Month, Day, Year) 12/24/1975
3a RESIDENCE - CITY, TOWN OR LOCATION WINDERMERE	3b COUNTY ORANGE	3c STATE FLORIDA	4 BIRTHPLACE (State or Foreign Country) JAMAICA
5a NAME OF SPOUSE (First, Middle, Last) CHAVISE CONROY WILLIAMS		5b MAIDEN SURNAME (If applicable)	6 DATE OF BIRTH (Month, Day, Year) 09/24/1990
7a RESIDENCE - CITY, TOWN OR LOCATION WINDERMERE	7b COUNTY ORANGE	7c STATE FLORIDA	8 BIRTHPLACE (State or Foreign Country) JAMAICA

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink) Bianca Black	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 7/19/2022
11 TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	12 SIGNATURE OF OFFICIAL (Use black ink) Deanna Pickett
13 SIGNATURE OF SPOUSE (Sign full name using black ink) Chavise Williams	14 SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 7/19/2022
15 TITLE OF OFFICIAL CLERK OF THE CIRCUIT COURT	16 SIGNATURE OF OFFICIAL (Use black ink) Deanna Pickett

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA. IT ORDER TO BE RECORDED AND VALID.

17 COUNTY ISSUING LICENSE ORANGE	18 DATE LICENSE ISSUED 07/19/2022	19a DATE LICENSE EFFECTIVE 07/22/2022	19b EXPIRATION DATE 09/17/2022
20a SIGNATURE OF COURT CLERK OR JUDGE Tiffany M. Russell		20b TITLE CLERK OF THE CIRCUIT COURT	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21 DATE OF MARRIAGE (Month, Day, Year) SEPTEMBER 13 2022	22 CITY, TOWN OR LOCATION OF MARRIAGE ORLANDO, FLORIDA
23a SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) YAGNESH PATEL	
23b ADDRESS OF PERSON PERFORMING CEREMONY (Use black ink) 5036 DR. PHILLIPS BLVD ORLANDO FL 32819	
24 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Flannery Wallace	
25 SIGNATURE OF WITNESS TO CEREMONY (Use black ink) Flannery Wallace	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26 SOCIAL SECURITY NUMBER 018-80-3038	27 RACE BLACK	28 WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a NO OF THIS MARRIAGE 2	29b LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c DATE LAST MARRIAGE ENDED (M, Day, Year) 06/29/2001
30 SOCIAL SECURITY NUMBER PASSPORT	31 RACE BLACK	32 WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	32a NO OF THIS MARRIAGE 1	32b LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	32c DATE LAST MARRIAGE ENDED (M, Day, Year)