118000013216

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COVER LETTER

A CLEA SUBJECT:	N FIT FOR ROYALTY LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	KEVIN G PHILLIPS		
		Name of Person	
		Firm/Company	
	1014 AIRPORT RD 171		
		Address	
	DESTIN, FL 32541		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	a concerning this matter, please co	all:	
KEVIN G PHILLIPS		850 687-5197	
Nam	e of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 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 radditional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

A CLEAN FIT FOR ROYALTY LLC		<u> </u>
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	2 7
The Articles of Organization for this Limited Liability (Florida document number L18000013216 This amendment is submitted to amend the following:	Company were filed on 01/16/2018	And am gned SSSE PR 6:
· ·		33 FEE
A. If amending name, enter the new name of the lin	nited liability company here:	
ROYALTY WITH A PURPOSE, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
		·	Add
			□ Remove
			☐ Change
			Add
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document's eff	ective date on the De	date of filing: be specific and cannot ck does not meet th partment of State's	records.	(op g or more than 90 days af y filing requirements, to give time, at 12:01	nis date will not be i	nsted as

Filing Fee: \$25.00