# 11800029117

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	ty/State/Zip/Phone	. <u></u>
(Cil	ty/Otale/Zip/r Hone	· π )
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(0-		
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300308952363

02/12/18--01014--015 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### COVER LETTER

•	
SUBJECT: ROYAL Transportation, Name of Limited Liability Compa	LLC
(Value of Elimed Claumy Compa	",
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Fernando Mend	lZ
Name of Pers  ROYAL Transporta  Firm/Compar	tion LC
10415 SW 122 Stra	et
Miami, FL 331-	10
ROYALTONS DOY + D  E-mail address: (to be used for future	lad vahou com
For further information concerning this matter, please call:	
Fermon Mendez at 305 Name of Person Area Coo	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution See Service Servic	opy Certificate of Status &

#### MAILING ADDRESS:

TO:

Registration Section **Division of Corporations** 

> 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

it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L18000059</u>1 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: New Registered Office Address: Enter Florida street address 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = AMBR =	Manager - Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
		_	□ Add
			□ Remove
			☐ Change
_			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		_	
			□ Remove
	·		□ Add
			□ Remove
			☐ Change

	<del></del>
	83.
	<del></del>
	<b>2</b> 5
	<del> </del>
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing.  If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605.03
iment's effective date on the Department of State's records.	, thing requirements, this date will not be histed
ecord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
February 6 2018.	
1 2	
f man	
Signature of a member or authorized represent	fative of member
	21/20 0
reynand	1116111002-

Page 3 of 3

Filing Fee: \$25.00