# L18000091391

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#### **COVER LETTER**

Division o	of Corporations					
MARGUBJECT:	COS ROYAL PALM LLC					
	Name of Limited Liability Company					
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.					
	rrespondence concerning this matter to the following:					
	Sidra Ahmed					
	Name of Person					
	Firm/Company					
	1383 NW 94th Way					
	Address					
	Coral Springs, FL 33071					
	City/State and Zip Code					
	sidrapower@hotmail.com					
	E-mail address: (to be used for future annual report notification)					
For further informat	tion concerning this matter, please call:					
Hasan Aamer Kha	an 561 3065455 at ()					
N	ame of Person Area Code Daytime Telephone Number					
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	ee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

TO:

Registration Section

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**

2018 JUL 27 PM 12: 28

SECRETARY OF STATE TAL AHASSEE FLORIDA

#### MARCOS ROYAL PALM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L18000091391	Liability Company were filed	d on 4/12/2010	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited liability comp	pany here:	
MP ROYAL PALM LLC			
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE			
			<del></del>
Enter new mailing address, if applicable:			
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(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	d/or registered office addroffice address here: Sidra Ahmed 1383 NW 94th Way	ress on our records, <u>en</u>	ter the name of the n

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00