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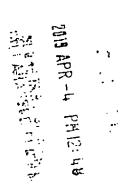
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROYALE LL SINGE OF Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larvya Rouk Name of Person
Royal Trajale, LLC Firm/Company
HOBY WILLOW CLF WALLER OF 033000
Mulberry F1 338/e0 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\sum_{\text{S25}} \text{Filing Fee} \sum_{\text{S30}} \text{Filing Fee & Gertificate of Status} \sum_{\text{S55}} \text{Filing Fee & Gertificate of Status & Certified Copy} \sum_{\text{CR2E055}} \text{(9/15)} \sum_{\text{S60}} \text{Filing Fee, Gertified Copy} \sum_{\text{Certified Copy}} \text{Certified Copy}

Address update

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL TRAYALE LLL (Same of the Limited Liability Company at it now appears on our records.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 06 18 2018 and assigned Florida document number 10000149720
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: 309 South (6111/15 St
Principal office address MUST BE A STREET ADDRESS) # 514
Plant City F1 33563
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 ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 302 SWH (611/105 St #514 Enter Florida street address
Plant City, Florida 33563

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 adds or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if o	ther than the date o	of filing: _	(optional)
(If an effective date is list	sted, the date must be spe	cific and car	mot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
document's effective	e date on the Departme	es not meet ent of State	t the applicable statutory filing requirements, this date will not be listed as the ecords.
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the record specifi	es a delaved effec	rtive date	e, but not an effective time, at 12:01 a.m. on the earlier of:
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	Signati	ire of a men	iber or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00