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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: ROY EL CREATIVE WORKS 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:
Homes D. Roy Name of Person
OWNER / MANAGER Firm/Company
1851 RENAISSANCE COMMONS Blud #1219 Address
Boynton Bch Fl. 33426 City/State and Zip Code
ROYSERTLL 49 @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Homes D. Roy at (561) 577-6863  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE OF STATUS CERTIFICATE OF STATUS CERTIFICATE OF STATUS STAT

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

# STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROY EL CREATIVE WORKS  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000214566</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	2019 SE
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	AA	ASSEL TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- AA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the new
Name of New Registered Agent:  New Registered Office Address:	Enter Fforida spreed address	
	City , Florida	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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note: If the date inser	d, the date must be specific a rted in this block does no date on the Department o	of meet the applicable sta	of filing or more than 90 days atutory filing requirements	after filing.) Pursuant to 605.020, this date will not be listed as
ne record specifies The 90th day aft	s a delayed effective ter the record is file	e date, but not an e d.	effective time, at 12:0	01 a.m. on the earlier o
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Dated	Signature of	f a member or authorized r	epresentative of a member	

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Filing Fee: \$25.00