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Special Instructions to F	Filing Officer:	

Office Use Only



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M. MILLIGAN OCT 20 2018

COVER LETTER

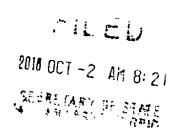
TO: Registration S Division of Co					
OM SALC					
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.			
Please return all corresp	ondence concerning this matter t	o the following:			
	ANKUR N PATEL				
	<u> </u>	Name of Person			
Firm/Company 2616 COVE CAY DRIVE APT 406					
	CLEARWATER, FL 33760	Address			
	ANKUR.P.P@GMAIL.COM	City/State and Zip Code			
	E-mail address: ()	o be used for future annual report noti	fication)		
For further information	concerning this matter, please ca	all:			
ANKUR N PATEL		301 806-9874 at ()			
Name	of Person	Area Code Daytim	Telephone Number		
Enclosed is a check for	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 (additional copy is enclosed)		

MAILING ADDRESS:

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



OM SALOM LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000226442}{L18000226442}$	were filed on SEP 24, 20	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation	n "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 of registered agent and/or the new registered office address here.		records, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida stree	t address			
		, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				

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>	<u>Address</u>	Type of Action	
ANKUR N PATEL MGR		2616 COVE CAY DRIVE, APT 406, CLEARWATER, FL 33760	Add	
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Note: It documents	e date, if other than the date is listed, the date is listed, the date in this nt's effective date on the ord specifies a delay 90th day after the r	block does not Department of Yed effective	meet the applicab State's records. date, but not	le statutory filing r	equirements, this d	ate will not be	isted a
			2018				

Filing Fee: \$25.00

(For Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ROYAL ATLANTIC DEVELOPERS - MIAMI RIVER, LLP
(Name of Partnership)

DOCUMENT NUMBER: LLP03000 2412

The enclosed Cancellation of Partnership Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

UNDERWOOD

(Name of Person)

LLP180004061-6 08/08/18--01008--008 **52.50

ROYAL FLOWERS (Firm/Company)

2020 NW 89 PLACE
(Address)

DORAL FLORIDA 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

UNDERWOOD

at (305) 477- 4483 Ext. 2103 (Area Code & Daytime Telephone Number)

(Name of Person)

STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section **Division of Corporations**

P.O. Box 6327 Tallahassee, Florida 32314

CR2E069 (9/15)

M. MILLIGAN OCT 2 0 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2018

ROYAL ATLANTIC DEVELOPERS - MIAMI RIVER, LLP ATTN: JOEL UNDERWOOD 2020 NW 89 PLACE **DORAL, FL 33172**

SUBJECT: ROYAL ATLANTIC DEVELOPERS - MIAMI RIVER, LLP

Ref. Number: LLP030002412

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

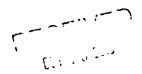
The form you submitted is for a Limited Partnership/Limited Liability Limited Partnership, but your entity is a Limited Liability Partnership. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 518A00017536



CANCELLATION OF PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to cancel a partnership statement:

(Note: A cancellation of a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being canceled was previously filed and is of record with this office.)

FIRST: Th	e name of the partnership is: ROYAL ATLANTIC DEVELOPERS -
SECOND:	The partnership was registered with the Florida Department of State on AUGUST 8, 2003 and assigned registration number GP 030001550
THIRD:	This cancellation cancels the following statement
	☐ Statement of Partnership Authority filed on, assigned document number GP ☐ Statement of Dissolution filed on, assigned document number GP ☐ Statement of Denial filed on, assigned document number GP ☐ Statement of Dissociation filed on, assigned document number GP ☐ Statement of Merger filed on, assigned document number GP ☐ Statement of Limited Liability Partnership Qualification filed on
FOURTH:	document number LLP 030002412 Text/Substance of Cancellation: THE PARTNERSHIP HAS COMPLETED ITS PURPOSE.
FIFTH:	Effective date, if other than the date of filing:
(Effective d	ate cannot be prior to the date of filing nor more than 90 days after the date of filing.)
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
The executi	on of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
I am aware for in s. 817	that any false information submitted in a document to the Department of State constitutes a third degree felony as provided 7.155, F.S.
Signed this	3 day of 0c T 0B 6 R 2018
Signatures o	EV.RAD, TWO., PARTHER BY:
Typed or pr	inted name of person signing above: EDWIN VERDEZOTO, PRESIDENT

\$25.00 • \$52.50 (optional)

\$ 8.75 (optional)

Filing Fee:

Certified copy: Certificate of Status: