

118000226442

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(Address)

(Address)

(City/State/Zip/Phone #)

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10/02/16--01021--002 \*\*25.00

2016 OCT -2 AM 8:21  
SECRETARY OF STATE  
CLERK

FILED

M. MILLIGAN  
OCT 20 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OM SAI OM 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:

ANKUR N PATEL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2616 COVE CAY DRIVE APT 406

\_\_\_\_\_  
Address

CLEARWATER, FL 33760

\_\_\_\_\_  
City/State and Zip Code

ANKUR.P.P@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANKUR N PATEL

301 806-9874  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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**

FILED  
2018 OCT -2 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OM SAI OM LLC

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

The Articles of Organization for this Limited Liability Company were filed on SEP 24, 2018 and assigned  
Florida document number L18000226442.

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 "LLC."

**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

\_\_\_\_\_

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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, 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>	<u>Type of Action</u>
MGR	ANKUR N PATEL	2616 COVE CAY DRIVE, APT 406, CLEARWATER, FL 33760	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

A. M. Patel  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2018 OCT -2 AM 8:21  
ST. LOUIS MO 63102

(For Office Use Only)

LLP180004061

COVER LETTER

TO: Registration Section  
Division of Corporations

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

DOCUMENT NUMBER: LLP030002412

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

Please return all correspondence concerning this matter to the following:

JOEL UNDERWOOD  
(Name of Person)

LLP180004061-E  
08/08/18--01008--008 \*\*52.50

ROYAL FLOWERS, INC.  
(Firm/Company)

2020 NW 89 PLACE  
(Address)

DORAL, FLORIDA 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL UNDERWOOD at (305) 477-4483 EXT. 2103  
(Name of Person) (Area Code & Daytime Telephone Number)

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 20 2018

FILED  
2018 OCT 15 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

ENCLOSURE

2018 OCT 15 AM 8:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

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: The name of the partnership is: ROYAL ATLANTIC DEVELOPERS -  
MIAMI RIVER, LLP

SECOND: The partnership was registered with the Florida Department of State on AUGUST 8, 2003  
and assigned registration number GP 0300001550.

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 8/8/2003, assigned  
document number LLP 030002412

FOURTH: Text/Substance of Cancellation:

THE PARTNERSHIP HAS COMPLETED ITS PURPOSE.

FIFTH: Effective date, if other than the date of filing: \_\_\_\_\_.

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 3<sup>rd</sup> day of OCTOBER, 2018

Signatures of a partner or authorized person: [Signature]

EV. RAD, INC., PARTNER BY:

Typed or printed name of person signing above: EDWIN VERDEZOTO, PRESIDENT

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

FILED  
2018 OCT 15 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA