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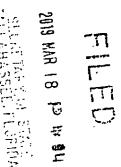
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE		ROOM LLC		
SUBJE	CT:		ited Liability Company	
		Amendment and fee(s) are sub		
, , , , ,	·	CHRISTIAN GALVIS	<u>.</u>	
			Name of Person	
		4463 CARAMBOLA CIR	Firm/Company CLE S.	
		COCONUT CREEK, FL 3	Address 3066	
		THRONEROOMLLC@GN	City/State and Zip Code 1AIL.COM	<u>, ==</u>
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information e	oncerning this matter, please ca	all:	
CHRIS	TIAN GALVIS		954 6217874 at ()	
	Name o	f Person	at ()at () Daytime	Telephone Number
Enclose	d is a check for th	ne 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

THRONE ROOM LLC

(Name of the Limited Liability Company as it now appears on University 18 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ions filed on 01/14/2019 FAH / SSEE FI CRAM Greinman
Florida document number L19000014564	ere fried on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "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 office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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
AMBR	GALVIS, DEBORAH	4463 CARAMBOLA CIRCLE S. COCONUT CREEK, FL 33066	
			□ Remove
			🖬 Change
MGRM	GALVIS, CHRISTIAN	4463 CARAMBOLA CIRCLE S. COCONUT CREEK, FL 33066	ia Add
			□ Remove
			Change
			☐ Add
			☐ Remove
			Change
			□ Add
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			Change
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ffective date, if other than the da	te of filing:		(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block	specific and cannot be pri	or to date of filing or more icable statutory filing re	than 90 days after filing.) Pursi	uant to 605,0201 not be listed as
ocument's effective date on the Depa	rtment of State's record	ls.	4	
e record specifies a delayed e		not an effective tim	e, at 12:01 a.m. on ti	ne earlier o
The 90th day after the record	is filed.			
FEBRUARY 13TH	2019			
ated	·	·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00