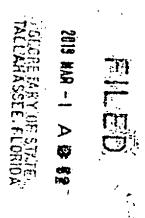
## L19000018477

Office Use Only



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MAR 11 2019 T. LEMIEUX

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: ROYAL	TY ELITE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GEMA D'ANGLA-RO		
		Name of Person	
	ROYALTY ELITE LI	_C	
		Firm/Company	
	4101 NW 3rd Court	Ste #1	
		Address	
	PLANTATION, FL 3	33317	
		City/State and Zip Code	<u> </u>
		ROYALTYALLIANCE.COM	
	·	•	carrony
For further information c	oncerning this matter, please ca	all:	
GEMA D'ANGLA-F	ROSE	at ( 954 ) 993-0182	
Name o	d Person		Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	▼ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

**Registration Section** 

TO:

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

ROYALTY ELITE LLC

company has been notified in writing of this change.

2019 MAR -1 A 18 #8

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company), "SEGRETARY OF STATE. TALLAHASSEE FLORIDA The Articles of Organization for this Limited Liability Company were filed on JANUARY 16, 2019 and assigned Florida document number <u>L</u>19000018477 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 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

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	KODY KOKX	4101 NW 3rd Court Ste #1	
		PLANTATION , FL 33317	⊠ Remove
			Change
		<del> </del>	
			Remove
<u>.</u> .			☐ Change
	<del></del>		
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			O Add
			☐ Remove
			Change
			Remove
			🗆 Change

, JI 21111C	ending any other information, enter change(s) here: 12thach daamonal sheets, 19 hecessary, 1
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(II an eft <u>Note:</u>	ive date, if other than the date of filing:  O2/22/2019  (optional)  ective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	B.R.
	Signature of a member or authorized representative of a member
	GEMA D'ANGLA-ROSE  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00