

L19000036451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000417790000

10/23/23--01037--010 \*\*60.00

2023 OCT 23 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

R. HUNT  
10/23/23

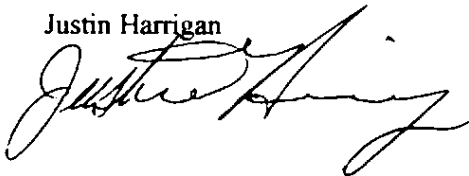
August 16, 2023

ROYAL T'S UNLIMITED LLC  
P.O. Box 137491  
Clermont, FL 34713  
[royalstunlimited@gmail.com](mailto:royalstunlimited@gmail.com)  
954-661-4884

Attention: Florida Dept of State

Submission of this application is a request for a name change of my  
current business from, SPOTME LUGGAGE TAGS AND ACCESSORIES LLC to ROYAL T'S  
UNLIMITED LLC.

Justin Harrigan

A handwritten signature in black ink, appearing to read "Justin Harrigan", written over a horizontal line.

FILED  
IN CLERK OF COURT'S OFFICE  
2023 OCT 23 PM 12:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPOTME LUGGAGE TAGS AND ACCESSORIES 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:

Justin Harrigan Jr

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

ROYAL T's UNLIMITED LLC

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

P.O BOX 137491

\_\_\_\_\_  
Address

CLERMONT, FL 34713-7491

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

royaltsunlimited@gmail.com

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

For further information concerning this matter, please call:

Justin Harrigan

954 661-4884  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 OCT 23 PM 12:40  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPOTME LUGGAGE TAGS AND ACCESSORIES 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 2/5/2019 and assigned  
Florida document number L19000036451.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ROYAL TS UNLIMITED LLC.

The new name must be distinguishable and contain the words "Limited Liability 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)

253 Brayton Ln

Davenport, Fl. 33897

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 137491

Clermont, Fl. 34713-7491

FILED  
DIVISION OF CLERK OF CIRCUIT  
2019 OCT 23 PM 12:40

**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:

253 Brayton Ln.

*Enter Florida street address*

Davenport

*City*

Florida 33897

*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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 23 PM 12:40  
DIVISION OF CORPORATE AFFAIRS  
STATE OF NEW YORK

[illegible]

2023 OCT 23 PM 12:40

Division of Corporations

(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)

**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.

Dated September 19 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Justin Harrigan Jr

Typed or printed name of signee

**Filing Fee: \$25.00**