L19000052684

(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:

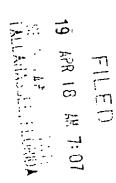




200327611302

04/18/18--01012--010 *÷25.00

APR 2 7 2019 S. YOUNG



COVER LETTER

Division of Corpo		and	٨
suвлест: <u>Royal</u>	Upholster L Name of Limit	J & Marine ed Liability Company	Canvas, "LLC"
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Royal Upr 3109 Olec Fort Pier	Name of Person ONC ONC Firm/Company Address CE FL 34 City/State and Zip Code ONC ONC ONC ONC ONC ONC ONC ON	1982
For further information con-	cerning this matter, please cal		
Bethanny Name of P	Tyrrell	at (\frac{112}{\text{Area Code}}) \frac{20}{\text{Day}}	O3 - O39 7
Enclosed is a check for the S25.00 Filing Fee		S55.00 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

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

Royal Upholstery and (Name of the Limited Liability Compa (A Florida Limited I	Marine Canvas "Ltc"
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000526</u> 84	1 - LA # 3 7
This amendment is submitted to amend the following:	7: C
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "LLC." 3109 Oleander Avenue Fort Pierce FL 34982
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 west Midway Road P.O Box 12184 Fort Pierce FL 34979
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 5717	Myrtle Drive Enter Florida street address Pierre Florida 34982
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

Page 1 of 3

	Authorized Person(s) authorized to mar from our records:	nage, enter the title, name, and address of each	person being added
$\mathcal{A}MGR = MA$ $AMBR = AB$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGIP	Jason Tyrrell	5717 Myrtle Drive Fort Pierce FL 340	
AMBR	Bethanny Tyrrell	5717 Myrtle Drive Fort Pierce FL 31	Change Add Remove
			□ Change □ Add □ Remove
			Change Add Remove
			□ Change

		 				-	<u>_</u>
			<u> </u>				
	<u> </u>					···-	
				<u> </u>		<u> </u>	
							_ <u></u>
		••					
 -		· · · · · ·					
			-		_		
							
						·	
	· 					<u> </u>	
		<u></u>					
		<u> </u>	· · —				
	<u> </u>					 	
(If an effection Note: If t	ve date is listed, t he date inserte	than the date of fi he date must be specified in this block does not e on the Department	and cannot be post of meet the app	rior to date of filin blicable statutor	g or more than 90	(optional) days after filing.) Pursi ents, this date will r	uant to 605,0207 (3 tot be listed as th
the recor) The 90	d specifies a Oth day after	delayed effective the record is file	ve date, but ed.	not an effect	tive time, at 1	.2:01 a.m. on tl	ne earlier of:
Dated <u>A</u>	pril	18,		19.			
			-		mative of a membe		

Page 3 of 3

Filing Fee: \$25.00