

L19000 064 458

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

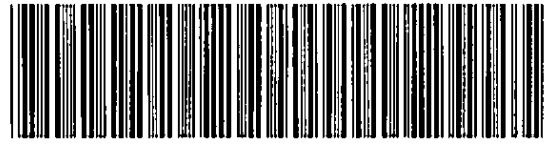
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FALL 2019  
2020 JAN 13 PM 1:35

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JAN 15 2020

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2019

ROYAL HEALTH & WELLNESS LLC  
201 S 2ND ST STE 208  
FT PIERCE, FL 34950

SUBJECT: ROYAL HEALTH & WELLNESS LLC  
Ref. Number: L19000064458

We have received your document for ROYAL HEALTH & WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 219A00026287

RECEIVED  
2020 JAN 13 PM 12:09  
2020 JAN 13 PM 12:09

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ROYAL HEALTH & WELLNESS 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:

James P DuBELL  
Name of Person

ROYAL HEALTH & WELLNESS LLC  
Firm/Company

201 S. 2nd St. Ste 208  
Address

Ft. Pierce, FL 34950  
City/State and Zip Code

jpdb757@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P DuBELL 239-776-9656  
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  
2601 Executive Center Circle  
Tallahassee, FL 32301

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

ROYAL HEALTH & WELLNESS 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 03/06/2019 and assigned Florida document number L19000064458.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

201 S. 2nd St. Ste 208 Ft. Pierce, FL 34950

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

201 S. 2nd St. Ste 208 Ft. Pierce, FL 34950

**(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:**

James P DuBELL

**New Registered Office Address:**

201 S. 2nd St. Ste 208

*Enter Florida street address*

Ft. Pierce

Florida

34950

*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	RAHEEL NAVIWALA	124 N 2ND ST STE 9	<input type="checkbox"/> Add
		FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Remove
		201 S. 2nd St. Ste 208	<input type="checkbox"/> Change
MGR	James P DuBELL	Ft. Pierce, FL 34950	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

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.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

JAMES P. DuBELL

Typed or printed name of signee