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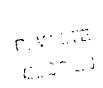
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

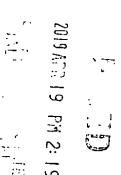
Office Use Only



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COVER LETTER

TO: Registration S Division of Co		•	
ARK ROY SUBJECT:	AL GROUP LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JUSTIN PULLARO		
	-	Name of Person	
	ARK ROYAL GROUP LE	.C	
		Firm/Company	
	17878 N US HIGHWAY 4	11	
		Address	
	LUTZ, FL 33549		
	JUSTINPULLARO@ME.C	City/State and Zip Code COM	
	E-mail address; (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
JUSTIN PULLARO		813 495.1799 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAII	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

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**

2019 ACC 19 PM 2:19

ARK ROYAL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records:) .
(A Florida Limited Liability Company)

	ADDII 0 2010	1. E.
	oility Company were filed on APRIL 9, 2019	and assigned
Florida document number 1.19000098329		
This amendment is submitted to amend the follow	ring:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
	DY)	
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Mailing address MAY BE A POST OFFICE BO		
Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or	registered office address on our records, en	ter the name of the
B. If amending the registered agent and/or	registered office address on our records, en	ter the name of the
3. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, en	ter the name of the
3. If amending the registered agent and/or	registered office address on our records, en	ter the name of the
3. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>en</u> e <u>e address here</u> :	ter the name of the
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered office address on our records, en	ter the name of the
registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>en</u> e <u>e address here</u> :	

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>	Type of Action
AMBR	ENSO INVESTMENT GROUP, LLC	13301 W HILLSBOROUGH AVE STE 202 TAMPA, FL 33635	
			Remove
			☐ Change
			□ Add
			Remove
			□ Change
		<u> </u>	Remove
			Change
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Note: If the da	, if other than the is listed, the date mute inserted in this beetive date on the I	e date of filing: ast be specific and colock does not med	et the applicable	te of filing or more the statutory filing rec	(optional) nan 90 days after filing.) P uirements, this date wi	ursuant to 605,020 If not be listed a:
	ecifies a delaye ay after the re		te, but not ar	effective time	, at 12:01 a.m. or	the earlier o
Dated APRIL	8		2019			
			 ,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00