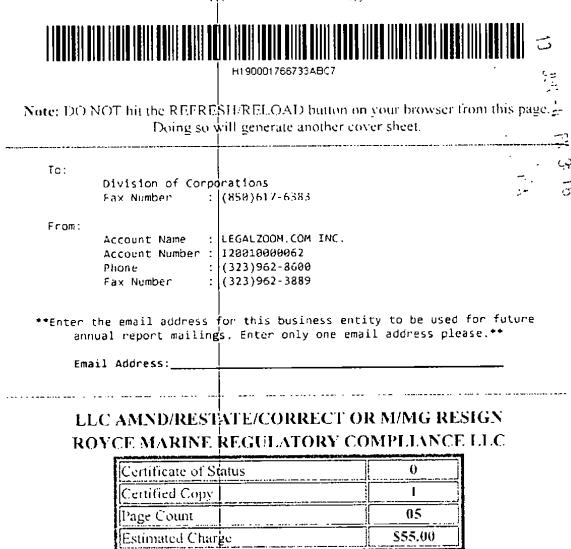
6/4/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the lop and bottom of all pages of the document.

(**(**(H19000176673 3)))



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O SIMMONS

JUN 05 2019 '

COVER LETTER ď, TO: Registration Section Division of Corporations ROYCE MARINE REGULATORY COMPLIANCE LLC SUBJECT: 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: Chevenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 City/State and Zip Code rovcemarineregcompliance@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 ext. 9724 Cheyenne Moseley Dayrime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassec, 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

ROYCE MARINE REGULATORY COMPLIANCE LLC

(Name of the Limited Liability Cump (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000110114</u>	y were filed on <u>04/23/2019</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	hility company here:	<u> </u>	
	<u> </u>		
The new name must be distinguishable and end with the words "Uimited Lia	shility Company," the designation "LLC" or the abb	reviation V.L.C.	
Enter new principal offices address, if applicable:	2420 Coronet Court		
(Principal office address MUST BE A STREET ADDRESS)	Spring Hill, Florida 34609	Z	
Tractific office and Control of the		 	
		ග්	
	2420 Coronet Court		
Enter new mailing address, if applicable:	Spring Hill, Florida 34609		
(Muiling address MAY BE A POST OFFICE BOX)	Spring Film, Citorium 34009		
B. If amending the registered agent and/or registered office address he	office address on our records, <u>enter 1</u> re:	he name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	FloridaZıp Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and Tihis document is	
If Ch	anging Registered Agent, Signature of New Regi	stered Agent	

Page 1 of 3

To

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			O Add
			☐ Remove
			Add 3
			Remove
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			DbA. □
			☐ Remove
			DbA
			□ Remove

age 6 of 6	6/4/2019 7·57:52 AM PD1	3239628300 FIG
	ter change(s) here: (Attach additional sheets, if ne is of member Tracy L. Royce to read as follow	
Tracy L. Royce (AMBR) - 2420	Coronet Court, Spring Hill, Florida 34609	

·		
E. Effective date, if other than the date of the effective date must be specific, cannot be price the date this document is filed by the Florida Dep	r to date of receipt or filed date and cannot be more than 90 day	tional) s after
Dated June 1	march dace	
Signatur	e dComember or authorized representative of a member Tracy L. Royce	
	Typed or printed name of signee	
		-
		•
		29
		:
	Page 3 of 3	
	Filing Fee: \$25.00	