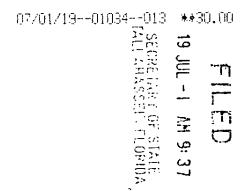
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COVER LETTER

Division of Corporations
SUBJECT: Royals Viny IIC Name of Limited Liability Company
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:
Johnnie W. Rayals Jr. Name of Person
Royals VIny LLC Frim/Company
2638 Usery Dr Address
Panama (TVF) 32404 Otty/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johnnie Royals Jr. at (850) 636-6166 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1500122581.	were filed on	and assigned
This amendment is submitted to amend the following:		
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 Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77.S. 19
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		S S S
(Mailing address MAY BE A POST OFFICE BOX)		78.11 3 11 A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on ou e:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	/	
- · · · · · · · · · · · · · · · · · · ·	Enter Florida s	treet address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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> Type of Action Address AMBR Johnnie W. Royals 2638 Usery Dr. Parama City FL Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 5 Remove ☐ Chánge ¥P Ada 37 ☐ Remove ☐ Change □ Add □ Remove _□ Change ☐ Add □ Remove

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Filing Fee: \$25.00