

L19 000 138601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

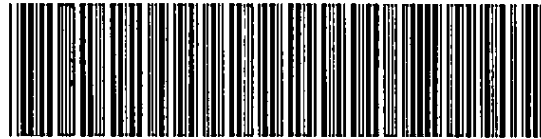
(Document Number)

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FILED

2021 MAR - 7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2022 MAR - 7 PM 2:11

WILLIAM J. BUCHANAN
TALLAHASSEE, FL

A. BUTLER

MAR - 7 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Royal Magic Movers 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:

Kerryann Rhoden
Name of Person

Firm/Company

4405 Prairie Ct
Address

Orlando Florida 32808
City/State and Zip Code

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

For further information concerning this matter, please call:

Kerryann Rhoden at (321) 978-8746
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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

2021 MAR - 7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/23/2019 and assigned
Florida document number L19000138601.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Royal Logistics Solutions LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Kerryann Rhoden

New Registered Office Address:

Enter Florida street address

Florida

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	Kerryann Rhoden	4405 Prairie Ct	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kerryann Townsend	4405 Prairie Ct	<input type="checkbox"/> Add
		Orlando, Florida 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lewy Rhoden	4405 Prairie Ct	<input checked="" type="checkbox"/> Add
		Orlando, Florida, 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

Dated February 5, 2022

Kemgum Rhodon
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2022

KERRYANN RHODEN
4405 PRAIRIE CT
ORLANDO, FL 32808

SUBJECT: ROYAL MAGIC MOVERS LIMITED LIABILITY COMPANY
Ref. Number: L19000138601

RECEIVED
2022 MAR -7 PM 1:37
TALLAHASSEE, FLORIDA

We have received your document for ROYAL MAGIC MOVERS LIMITED LIABILITY COMPANY and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 822A00004162