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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ment Number)	,
Certified Copies	Certificates of Status	
Special Instructions to File	ing Officer:	

Office Use Only



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FILING CANCELLED
DUE TO RETURNED CHECK

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O SIMMONS JAN -7 2020

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: 7	OJAC BONCE Ha	DES LLC.	
	Name of Lim	ited Liability Company	
		FILI	NG CANCELLED
The enclosed Articles of	Amendment and fee(s) are sub		E TO RETURNED CHECK
Please return all correspo	ondence concerning this matter	to the following:	
	Conoy	C. Leptet Name of Person	
	Payte Bas	SCE Howes UC Firm/Company	-
	920 23e0 ST	ろい Address	
	NAPLES, FR	SHIT City/State and Zip Code	
	Poyar Bourt	HARTE & GMAIL . Co to be used for future annual report r	otification)
For further information c	oncerning this matter, please ca	all:	
CINDY C	· LOPE & FPerson	at (<u>239</u>) <u>687</u> Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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		Street Address:	
Registration S Division of C		Registration : Division of C	
P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL BOOKE HOTES UC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company	were filed on HA	24" 2019 and assigned
Florida document number <u>L1900 139703</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
PoyAL PARTY RENTALS U The new name must be distinguishable and contain the words "Limited Liab	Uty Company "the decian	ation "I.I.(" or the abbraviation "I.I.("
Enter new principal offices address, if applicable:	SAME	To
(Principal office address MUST BE A STREET ADDRESS)		
		13 17
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		ري
		-,/
B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address: NA		
	Enter Florida si	
	City	, Florida Zıp 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

Title	<u>Name</u>	Address	Type of Action
A/L	NA	\sqrt{N}	
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	ANCELLED RETURNED CHECK	<u></u>	
			□Add
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FILING CANCELLED DUE TO RETURNED CHECK

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	es a delayed effect fter the record is f		ut not an eff	ective time, at	12:01 a.m. o	on the earlier o
ted NOVEMB	ER 29TH		79			
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Page 3 of 3

Filing Fee: \$25.00