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JUN 2 6 2019 S. YOUNG

### **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT:	Downs Royalty Francing LLC Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filling.	
Please return all correspon	ndence concerning this matter to the following:	
· .	Calab Block Name of Person	
	Firm/Company	
	621 SW 10th Street	
	Address	
	Fort Laudendale FL 33315  City/State and Zip Code  Calebdowns 23 Danal.com  E-mail address: (to be used for future annual report modification)	
Live Weether information of	oncerning this matter, please call:	
Coleb		-
·	Tresson Phen Code Physinic Committee	
Finelosed is a check for the	ne following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

#### 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

	yalty Fencis	
( <u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on Limited Liability Company)	<u>our records.</u> )
The Articles of Organization for this Limited Liability C Florida document number <u>L190014550</u> 0		5/28/19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		
Downs Fen The new name must be distinguishable and contain the words "Lim	cing LLC	
The new name must be distinguishable and contain the words "Lim	ited Liabiffty Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
i e	<u> </u>	<u> </u>
Enter new mailing address, if applicable:	<del></del>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		55 6
•		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	itered office address on or ress here:	ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Plavida	street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	

Thereby 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, <u>enter the title, name, and address of each person—being add</u> or remoyed from our records:					
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
<u> </u>			Add		
			Remove		
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Effective da	ate, if other than the date of filing:(optional)
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 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier have after the record is filed.
1116 300	rady dites the record is thed.
Dated	6/12 2019
	Lales Janus
	Laus Panns
_	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00