

L19000 153 794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

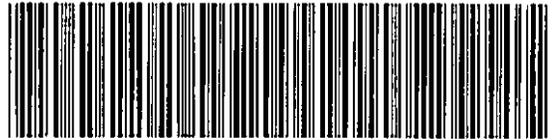
(Business Entity Name)

(Document Number)

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VALUATION UNIT

2019 OCT -7 AM 9:01

PAID

OCT 24 2019  
C KHS.

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Royal Health Care Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 10 2019 and assigned Florida document number L19000153794.

This amendment is submitted to amend the following:

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

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2019 OCT -7 AM 9:01

**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: \_\_\_\_\_

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>                      |
|--------------|------------------|--|--|
| P            | Caroline Thiongo |  | <input type="checkbox"/> Add               |
|              |                  | 14114 Colonial Grade Blvd<br>#1016, Orlando Fl 32837 | <input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Change            |
| Sec          | Rosemary Karanja |  | <input type="checkbox"/> Add               |
|              |                  | 2362 Weldon Court, Deltona Fl<br>32738               | <input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Change            |
| P            | Susan Kimeria    |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  | 2410 Fountain Road, Deltona Fl<br>32738              | <input checked="" type="checkbox"/> Change |
| VP           | Irene Maina      | 953 Cascade Park Trl, Deland Fl<br>32720             | <input checked="" type="checkbox"/> Add    |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

9/27/2019

E. Effective date, 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 27 2019

Handwritten signature of Susan Kimeria

Signature of a member or authorized representative of a member

Susan Kimeria

Typed or printed name of signee