

L19 000153794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

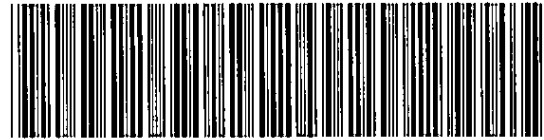
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10/15/21
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09/02/21--01025--005 **25.00

10/11/21--01009--007 **5.00

FILED
2021 SEP 27 PM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

SEP 27 PM 2:23

September 14, 2021

SUSAN KIMERIA
2275 N VOLUSIA AVE
SUITE 200
ORANGE CITY, FL 32763 US

SUBJECT: ROYAL HEALTH CARE SERVICES LLC
Ref. Number: L19000153794

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 721A00022191

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Royal Health Care Services LLC

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:

Susan Kimeria

Name of Person

Royal Health Care Services LLC

Firm/Company

2275 N. Volusia Ave, Ste. 200

Address

Orange City, FL 32763

City/State and Zip Code

njoma75@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Kimeria

at (407) 738.1294

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

FILED

Royal Health Care Services LLC

(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 6/10/2019 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."

2275 N. Volusia Ave. Ste.200

Orange City, Fl 32763

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:

Age Group	Total (%)	Female (%)	Male (%)	Under 18 (%)	18-24 (%)
18-24	~1.5	~1.5	~1.5	~1.5	~1.5
25-34	~1.5	~1.5	~1.5	~1.5	~1.5
35-44	~1.5	~1.5	~1.5	~1.5	~1.5
45-54	~1.5	~1.5	~1.5	~1.5	~1.5
55-64	~1.5	~1.5	~1.5	~1.5	~1.5
65-74	~1.5	~1.5	~1.5	~1.5	~1.5
75+	~1.5	~1.5	~1.5	~1.5	~1.5

_____, Florida

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.

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 9/21/2021, _____

Susan Kimeria

Typed or printed name of signee