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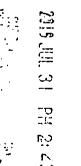
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Oyal Similar Subjects Name of Limited	and Cuisins	Rotie and h
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to	the following:	
Honnetta	Alexander Name of Person	·
	FirnvCompany	
2862 Re		Mont 11
	wen IL 3	3880
nnettas2012 @	City/State and Zip Gode CMicch. (M excluded for future annual report notific	ation)
For further information concerning this matter, please call:		
Month Hexande	at 352 HH9- Area Code Daytime 3	8144 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Royal Tee Island Cu (Name of the Limited Liability Company)	as it now appears on our records.)	and Louns
The Articles of Organization for this Limited Liability Company w Florida document number	ay 1000	20/L and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Oyal Tee Tsland Cuisine The new name must be distinguishable and contain the words "Limited Liability	Roti and A	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)		210 JUL 31 PH 2:
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	la
	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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	-		☐ Remove
			□ Change
			□ Remove
			Change
			🖸 Add
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	tive date, if other than the date of filing: $\frac{7-2/-20/9}{2-2-20/9}$ (optional) Tective 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 is
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docur	nent's effective date on the Department of State's records.
ho rc	cord specifies a delayed effective date, but not an effective time, at 12,01 a.m. so the endies of
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
	- 11/ la x/a
	<u> </u>
Dated	i''
Datec	
Datec	Signature of a member or authorized representative of a member
Datec	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00