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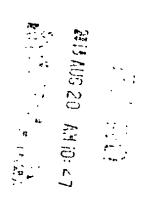
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	istration Sect sion of Corpo		, i	
SUBJECT:	Royal (grabba LLC Name of Limit	ted Liability Company	•
The enclosed	Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	lence concerning this matter to	o the following:	
		Andre ma	CLCOLW Name of Person	
		Rojal g	Cabba LL3 Firm/Company	
		6981 NEW 241	Address	
		Sunrise 1 Royalgrabba E-mail address: the	City/State and Zip Code Oboused/or future annual report notif	ication)
For further in	formation con	cerning this matter, please cal		,
Ands	P M(Name of F		at (<u>6</u> 3 7) <u>8 \$ 1 - 3</u> Area Code Daytime	592 Telephone Number
Enclosed is a	check for the	following amount:		
£ \$25.00 F	iling 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ko Yal a rabba C C C	any se it now appears on our re-	oords)
(A Florida Limited	Liability Company)	(III <u>us.</u>)
The Articles of Organization for this Limited Liability Company	were filed on Avy /	20/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		The case of the ca
		138
Enter new mailing address, if applicable:	· · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>ئ</u> ۔ ـــــ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, <u>enter the name of the no</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	dress
		. 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, <u>enter the title, name, and address of each person_being_addor-removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MgR_	Kayden Malcolm	6981 New 24th of Sungese FL 33313	Add
			Change
			Add
			Remove
			Change
	_ 	-	
			Remove
			Change
			🗆 Add
			□ Remove
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			🗀 Add
			Remove
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			Remove
			Change

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,	
Effect	ive date, if other than the date of filing: <u>Aug 1 2019</u> (optional)
(If an ef	ective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ident's effective date on the Department of State's records.
the re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00