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COVER LETTER

TO: Registratio Division of	n Section Corporations	è	
Royal	Crown Fadez L1.C	·	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	espondence concerning this matter	r to the following:	
	Dennis Gutierrez		
		Name of Person	
	Royal Crown Fadez LLC		
		Firm/Company	
	8249 W Sunrise Blvd		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Plantation Fl, 33322		
		City/State and Zip Code	
	Royalcrownfadez@yahoo.		
		(to be used for future annual report no	otification)
For further information	on concerning this matter, please o	call:	
Dennis Gutierrez		786 792-8610 at ()	
Nar	ne of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e S30.00 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 Add		Street Address:	Castion
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box (6327	The Centre of	Tallahassee
Tallahasse	e. FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Royal Crown Fadez 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 February 3, 2020 Florida document number [1.2000003875] 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 "LLC." 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) 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

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>	Address	Type of Action
AMBR	Dennis Gutierrez	8249 W Sunrise Blvd Plantation, Fl Suite 21	■Add
			□Remove
			Change
			□ Add
		~	□Remove
			□ Change
			🗆 Add
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			□Change
			□Add
			□Remove
			□ Change

	1 would like to add myself as a Authorized person for this LLC.
	
(If an e <u>Note:</u>	tive date, if other than the date of filing:
If the reco	rd 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 fled.
Dated	July 16 2020.

Filing Fee: \$25.00

Typed or printed name of signee