L20 0000 38774

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2020 JUN -3 AM 10: 12 SECRETARY OF STATE FALLAHASSEE, FLORING

JUH O 4 2020

COVER LETTER

fO: Registration Sec Division of Corp			
Royal Caval	iers, LLC		
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	James Godden		
		Name of Person	
	Royal Cavaliers, LLC		
		Firm/Company	
	4505 Powderhorn Place Dr		·
		Address	-
	Clermont, FL 34711		
		City/State and Zip Code	
	tlroyalakccavaliers@gmail.	com to be used for future annual report noti	figution)
For further information c	oncerning this matter, please co		(Cathon)
James Godden		407 494-8790	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres	<u> </u>	Street Address:	
Registration :	Section	Registration Se	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
P.O. BOX 032 Tallahassee.			e Street, Suite 810

RECEIVED MAY 1 3 2020

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Royal Cavaliers, 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 03, 2020 Florida document number <u>L.200000038774</u> 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 "L.C" or the abbreviation "L.C. 4505 Powderhorn Place Dr. Enter new principal offices address, if applicable: Clermont, FL 34711 (Principal office address MUST BE A STREET ADDRESS) 4505 Powderhorn Place Dr. Enter new mailing address, if applicable: Clermont, FL 34711 (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

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jill Fender	954 County Road 455	□Add
		Lake Panasofikee, FL 33538	■Remove
			□Change
			A2020 JEH - 3 CAH 10 d 2 SECRE IARY JF STATE ALLAHASSEE. FLOR DA
			100 100
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			①Add
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			Tich

Ja	s Thomas Godden 60% ownership			
A	andra Godden 40% ownership		·	
				
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<u> Note:</u> D	e date inserted in this block does not meet the applicable statutory filing requirements, this diseffective date on the Department of State's records.	ate will not b	e listed	lası
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record	ecilies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b)	The With day	e after t	dus
d is filed		The Markag	ancer t	
,	· 11th 2020			
Zated _	Signature of a member or authorized representative of a member ()			

Filing Fee: \$25.00

Typed or printed name of signee