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| PICK-UP | ☐ WAIT | MAIL | | |
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COVER LETTER

| Division of Corporations |
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| SUBJECT: ROYAL T POINT and Home Improvements, 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: |
| lance Flexer Name of Person |
| Firm/Company |
| 3/47 LOOMIS DV |
| New Port Richly FL 34655 Tray Held 27 (a) 9 may Com E-mail address: (to be used for latter annual report notification) |
| For further information concerning this matter, please call: |
| Travis Held at 813 325.3840 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| |

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nprovements (CC The Articles of Organization for this Limited Liability Company were filed on Florida document number (2000)0588 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." 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 |
|--------------|---------------|-------------------------------------|----------------------------|
| when Mar | Travis Heid | 3147 Loumis Dr Newport Richey FL | b\add 3445_5 □Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|---|--------|
| Travis Heid is the CEN/funder its his con | \cap |
| Thanke Flexer is the Registered Agent | |
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| E. Effective date, if other than the date of filing: | r: |
| 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 March 18. 2020. | |
| Canal Stark | |
| Signature of a member or authorized representative of a member | |
| Travis Herd | |
| Typed or printed name of signee | |

Filing Fee: \$25.00