

120000 211985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

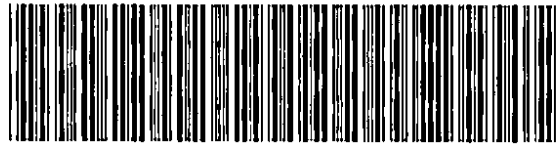
(Document Number)

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2020 OCT 12 AM 9:28

11-11-11

NOV 16 2020

M. SOLOMON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROYALTY CONCIERGE 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:

PEDRO ANGEL GONZALEZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14880 SW 56 TERRACE

\_\_\_\_\_  
Address

MIAMI, FL 33186

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO ANGEL GONZALEZ

786

486-6704

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

FILED  
2020 OCT 12 AM 9:28  
CLERK OF COURT  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ROYALTY CONCIERGE 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 07/20/2020 and assigned  
Florida document number L20000211985.

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:

ANGEL E. GONZALEZ

New Registered Office Address:

11305 SW 44TH ST

*Enter Florida street address*

MIAMI

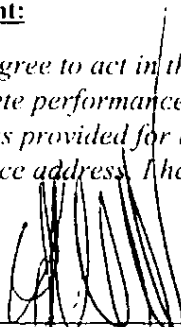
*City*

Florida 33165

*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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANIEL LA ROSA	14880 SW 56TH TER	<input type="checkbox"/> Add
		MIAMI FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO ANGEL GONZALEZ	14880 SW 56TH TER	<input type="checkbox"/> Add
		MIAMI FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANGEL E. GONZALEZ	11305 SW 44TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ADDING NEW OFFICER & CHANGING ANOTHERS TITLE TO (MGR)

REMOVING AN OFFICER

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CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

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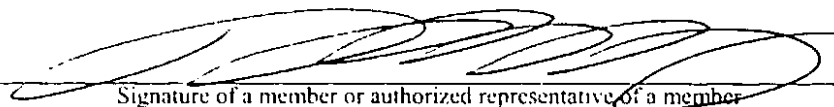
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 08-14 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Pedro Gonzalez  
\_\_\_\_\_  
Typed or printed name of signee