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COVER LETTER

TO:	Registration So Division of Cor			. ·			
CHESTS		GNATURE LLC	•	<i>*</i>			
SUBJE	CI:	Name of Lim	ited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	ENKO Name of Person Pirm/Company T Address DA 33311 City/State and Zip Code com : (to be used for future annual report notification)				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		SVITLANA BIELOSHEN	KO				
			Name of Person				
			Firm/Company				
		3501 NW 13TH STREET					
			Address				
		LAUDERHILL, FLORIDA	A 33311				
		royalsignaturellc@gmail.co					
For furth	her information c	E-mail address: (oncerning this matter, please c	, in the second of the second	otification)			
	ANA BIELOSHE		754 265-0821				
	Name of Person		at () Area Code Dayt	illing. pwing: The of Person The Office of P	me Telephone Number		
Enclosed	d is a check for th	ne following amount:					
≘ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
	Mailing Address Registration 5		Street Address: Registration S	Section			
	Division of C	orporations	Division of C	orporations			
	P.O. Box 632		The Centre of				
	Tallahassee, l	CL 32314	2415 N. Mon	roe Street, Suite 810			

Tallahassee, FL 32303

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

2020 00 -5 FM 12: 56

Royal Signature LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)	,			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000275938</u>	oany were filed on 09/03/2020	and assigned			
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 I	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	5)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	ne name of the new registered			
Name of New Registered Agent:	-				
New Registered Office Address:					
	Enter Florida street address				
	, Flor	rida			
-	City	ida Zip Code			
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>				
I hereby accept the appointment as registered agent and	agree to act in this capacity. I furt	her 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 2021007 -5 PH12: 56	Type of Action
MGR	SVITLANA BIELOSHENKO	3501 NW 13th Street, Lauderrhill, FL 33311	= Add
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Filing Fee: \$25.00