# L20000379690

(Re	questor's Name)	
(Ado	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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JAN 1 4 2021 ! ALBRITTON

## **COVER LETTER**

TO: Registration Secundary Division of Corp			
SUBJECT: ROYAL	TRAHONS CLOTHIN Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Sariyan Tsra	el Taleyh Israel Name of Person	, Aaleeyah Israel
	Proyal Creat	ions Clothing LLC	
	4942 SW 1	54th Loop  Address	<u> </u>
	royalandress: (t	City/State and Zip Code  SCIOTHING DOMOGIA  o be used for future annual report notifica	I.COM
For further information cor	ncerning this matter, please ca	dl:	
Striyah Israe Name of I	el Takyah Isk Person Aalleyah Iska		Celephone 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)

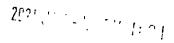
### Mailing Address:

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



**Division of Corporations** 



December 16, 2020

SARIYAH ISRAEL 4942 SW 154TH LOOP OCALA, FL 34473

SUBJECT: ROYAL CREATIONS CLOTHING LLC

Ref. Number: L20000279690

We have received your document for ROYAL CREATIONS CLOTHING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00025529

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POM CROTOS CIO (Name of the Limited Liability Con (A Florida Limit	thing LLC  npany as it how appears	on our records.)	<del></del>	
(A Florida Limit	ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number 200027900.	any were filed on 🔀	Hember 8th, 20	20 _ and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company her	œ:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the de	signation "LLC" or the abbre	viation "L.L.C.	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			<del></del>
			· · · · · · · · · · · · · · · · · · ·	
			<del>,</del>	
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				
		,	<del>:</del> :	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our re	cords, <u>enter the name c</u>	of the new re	egistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Flori	da street address		
	7.M.C. 7.107.1			
<del></del>	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Age	•		-	•
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl	agree to act in this c lete performance of i	apacity. I further agree my duties, and I am fan	e to comply niliar with a	with the ind

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Birah Israel	4942 SW 154th Loop Orale	MANN MANNEY
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
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	<del></del>		
			🗆 Rеточе
			□Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
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<del></del>	
Note: If the	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 (e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
If the record sporecord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 1	Signature of a member or authorized representative of a member
	Sariyah Tsiael Typed or printed name of signee

Filing Fee: \$25.00