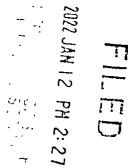
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C. BRUMBLEY
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: ROYAL PATH 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:
Trease retain an correspondence concerning and matter to the following.
Christen Ling-Wilcox Name of Person
Poyal Path LLC Firm/Company
3378 SW 156th Place
Ocala, FL 34473 City/State and Zip Code
Christen ALW (D. amail. com E-mail address: (to be used for Mure annual report notification)
For further information concerning this matter, please call:
Christen King - Wikox at (786) 909 - 75168 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee \$\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL PATH LL C (Name of the Limited Liability (A Florida L	Company as it now appea	rs on our records.)
(A Florida I	limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2000 34 121</u>		Chober 27, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company h	<u>ere</u> :
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "L.L.C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		2022
		¥ 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Flo	orida street address
	····	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance o ent as provided for in	f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
	If Changing Registered A	gent, 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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record d is file	•	elayed effectiv	e date, but not	an effective time	e, at 12:01 a.m. on the	e earlier of: (b) Th	ne 90th day after the
Dated _	Janua	3rd C	2 Signature of a :	2022_	zed representative of a r	nember	
	C.In	risten	.1 •	WILCON Typed or printed			

Filing Fee: \$25.00