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2/3/21

COVER LETTER

TO: Registration Division of	n Section Corporations	. ,	
Royal D	Pental Academy LLC		
SUBJECT:	Name of Lir	nited Liability Company	
man a a a a a a			
	of Amendment and fee(s) are su	_	
Please return all corre	espondence concerning this matter	r to the following:	
	Gary Bloome		
		Name of Person	
	Gary Bloome PA		
		Firm/Company	
	9148 Glades Road		
		Address	
	Boca Raton, FL 33434		
		City/State and Zip Code	
	sigridg13@aol.com		
For further information	on concerning this matter, please of	(to be used for future annual report no call:	ottication)
Gary Bloome		561 477-8099	
Nan	ne of Person	Area Code Dayti	me Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company	were filed on 11/4/2020	and assigned
Florida document number L20000349551		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. 8
Manning address MAT BE ATTOST OF TICE DOWN		
		<u></u>
B. If amending the registered agent and/or registered office a	ddress on our records.	enter the name of the New register.
agent and/or the new registered office address here:		enter the manie of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity performance of my duti	v. I further agree to comply with thies, 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
AMBR	Sigrid Gabriele	5821 Town Bay Drive Apt 512	□ Add
		Boca Raton, FL 33486	≣Remove
			Change
AMBR	Sigrid Goberville	5821 Town Bay Drive Apt 512	€Add
		Boca Raton, FL 33486	□Remove
			Change
AMBR	Carolyn Alicea	11643 W Atlantic Blvd Apt 1122	□Add 20
		Coral Springs, FL 33073	2020 DE 1028
			□Change
AMBR	Carolyn Alicea Benitez	11643 W Atlantic Blvd Apt 1122	.: = &
		Coral Springs, FL 33073	□Remove
			□Add
			□Remove
			□Change
<u>-</u>			□Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member		December 18		, 2020			
	Sigrid Goberville		Signature of a	member or authorized	representative of a me	mber	

Filing Fee: \$25.00