

L20000389884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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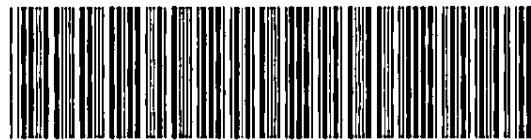
(Business Entity Name)

(Document Number)

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PA 3/18/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROYAL AIDE ABA 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:

MILEE G. NELSON

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

ROYAL AIDE ABA LLC

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

4459 COTSWOLD HILLS DR.

\_\_\_\_\_  
Address

LAKE WORTH, FL 33461

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

nelsondynasty712@gmail.com

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

For further information concerning this matter, please call:

MILEE G. NELSON

305 780-4641  
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

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

ROYAL AIDE ABA 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 12/14/2020 and assigned  
Florida document number L20000389884.

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:**

4459 COTSWOLD HILLS DR.

**(Principal office address MUST BE A STREET ADDRESS)**

LAKE WORTH, FL 33461

**Enter new mailing address, if applicable:**

4459 COTSWOLD HILLS DR.

**(Mailing address MAY BE A POST OFFICE BOX)**

LAKE WORTH, FL 33461

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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	MILEE G. NELSON	4459 COTSWOLD HILLS DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33461	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DANIELLE M. BROWN	4459 COTSWOLD HILLS DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33461	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

## Detail by Entity Name

Florida Limited Liability Company  
ROYAL AIDE ABA LLC

### Filing Information

Document Number L20000389884  
FE/EIN Number NONE  
Date Filed 12/14/2020  
Effective Date 12/12/2020  
State FL  
Status ACTIVE

### Principal Address

4459 COSTWOLD HILLS DR  
LAKE WORTH, FL 33461

### Mailing Address

4459 COSTWOLD HILLS DR  
LAKE WORTH, FL 33461

### Registered Agent Name & Address

INNOCENT CAPITAL MANAGEMENT SERVICES LLC  
8927 HYPOLUXO ROAD  
SUITE A4, UNIT 182  
LAKE WORTH, FL 33461

### Authorized Person(s) Detail

#### Name & Address

Title P → MGR

NELSON, MILEE G  
4459 ~~COSTWOLD~~ HILLS DR → COTSWOLD  
LAKE WORTH, FL 33461

Title P → MGR

BROWN, DANIELLE M  
4459 ~~COSTWOLD~~ HILLS DR → COTSWOLD  
LAKE WORTH, FL 33461

### Annual Reports

No Annual Reports Filed

### Document Images

12/14/2020 -- Florida Limited Liability View image in PDF format