K21000026657

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(City/State/Zip/Phone #)
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(Document Number)
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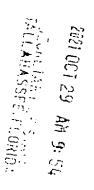
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11/8/21 T.A.S.



COVER LETTER

Registration Section

TO:

Division of Corp	porations		
	APITAL FL LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDRES HURTADO		
		Name of Person	
	PRODEZK INC		
		Firm/Company	
	848 BRICKELL AVE STE	E 950	
		Address	
	MIAMI, FL 33131		
	INCOGRADOREZII COM	City/State and Zip Code	
	INFO@PRODEZK.COM E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
ANDRES HURTADO		+1 3052048423	2
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL CAPITAL FL ELC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L21000026657.	any were filed on 01/11/2021	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.	ciability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	ù	· <u> </u>
		چې
Enter new mailing address, if applicable:		F 50 52
(Mailing address MAY BE A POST OFFICE BOX)		
		29 455
		四、宝
B. If amending the registered agent and/or registered off	ice address on our records, enter the	
agent and/or the new registered office address here:		TREE F
		▼ *
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	Cin	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 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
MGR	FRANKLIN GUILLEN ZAMORA	848 BRICKELL AVE STE 950	□Add
		MIAMI, FL 33131	■Remove
			🗆 Change
MGR	ANDREA MADRIGAL VASQUEZ	848 BRICKELL AVE STE 950	= Add
		MIAMI, FL 33131	□Remove
			20CT
		Sold Sold Sold Sold Sold Sold Sold Sold	Remove
		DRICE	☐ Change
		-	_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
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ective date, if other than the effective date is listed, the date in	te date of filing:	annot be prior to d	ate of filing or more	(option	al)	nt to 605 070
e: If the date inserted in this ument's effective date on the	block does not me	eet the applicable	statutory filing r	equirements, this d	ate will not	t be listed :
ament serrective date on the	repartment of St	ate s records.				
cord specifies a delayed effect	ive date, but not a	in effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th c	dav after the
s filed.				(,
OCTOBER 21ST		2021				
ed COTOBER 2131	 ,	·				
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Typed or printed name of signee