

L21000139909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

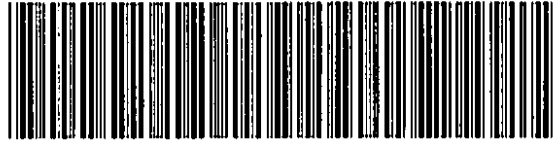
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Wang  
form*

Office Use Only



400363421254

04/09/21--01029--011 \*\*35.00

2021 APR -9 PM 1:05  
RECEIVED  
FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: P & O Royal Properties 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:

Pablo Hernandez  
Name of Person  
P & O Royal Properties LLC  
Firm/Company  
11019 Ashford Gable PL  
Address  
Jacksonville FL 32257  
City/State and Zip Code  
hopabloo2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Hernandez at (904) 360 9169  
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**

P & O Boyd Properties 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 03/25/2021 and assigned Florida document number 621000139909.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Pablo Hernandez

New Registered Office Address:

11019 Ashford Gable PL

Enter Florida street address

Jacksonville

Florida

32257

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.*

*[Signature]*  
**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>
AMBR	Pablo Hernandez	11019 Ashford Gable Pl Jacksonville FL 32257	<input checked="" type="checkbox"/> Add
	Pablo Hernandez Sr	11019 Ashford Gable Pl Jacksonville FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oswaldo Valdes	8733 Andaloma St Jacksonville FL 32211	<input checked="" type="checkbox"/> Add
	Oswaldo Valdes Sr	8733 Andaloma St Jacksonville FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 APR -9 PM 4:05  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

2021 APR -9 PM 4:00  
FALLAVALLO, ALDO

2021 APR -9 PM 4:05

1

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/15/21,                     

Pablo Hernandez

Typed or printed (name of signee)

**Filing Fee: \$25.00**