

L21000155862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

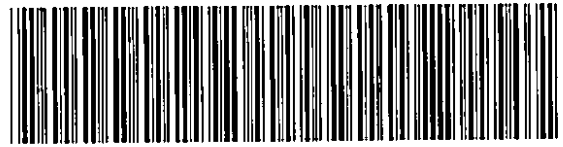
(Business Entity Name)

(Document Number)

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2023 MAY -9 AM 10:04  
STATE  
OFF

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Royal Willow, 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:

LaSharonte Williams-Potts

Name of Person

Royal Willow, LLC

Firm/Company

400 Capital Circle SE Ste. 18127

Address

Tallahassee, FL 32301

City/State and Zip Code

RoyalWillowLLC@gmail.com

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

For further information concerning this matter, please call:

LaSharonte Williams-Potts

561

449-1765

at (            )

Area Code

Daytime Telephone Number

Name of Person

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

40 MAY -9 11:10:04  
JUL 14 2009

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

Royal Willow, 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 April 5, 2021 and assigned  
Florida document number L21000155862.

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:

400 Capital Circle SE Ste. 18127

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

Tallahassee, FL 32301

Enter new mailing address, if applicable:

400 Capital Circle SE Ste 18127

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

Tallahassee, FL 32301

**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:

336 East College Ave, Ste. 105

*Enter Florida street address*

Tallahassee

Florida 32301

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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.

**Filing Fee: \$25.00**