## K21000170858

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Royal Soci			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Fabian Garzon		
	<del></del>	Name of Person	
		Firm/Company	
	2916 Hollister ave		
		Address	
	Los Angeles CA 90032		
	point08negative@gmail.coi E-mail address: (	City/State and Zip Code n to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Fabian Garzon		305 4964682	
Name o	f Person	at () Area Code Daytim	e 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Domicreation 9		<u>Street Address:</u> Registration Se	ction
Registration 9 Division of C		Division of Cor	porations
P.O. Box 632	.7	The Centre of T	lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I forida document number <u>L21000170858</u>		April 13, 2021 and assigned
This amendment is submitted to amend the fol	llowing:	
x. If amending name, enter the new name	of the limited liability compa	nv here:
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "L1.C" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	icable:	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	
Inter new mailing address, if applicable:		
mer new maning address, it applicable. Mailing add <u>ress MAY BE A POST OFFICI</u>	E BOX)	
3. If amending the registered agent and/or gent and/or the new registered office addr		our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	Fabian Garzon	
New Registered Office Address:	8475 SW 156 Ct apt 316	
	Ente	er Florida street address
	Miami Circ	, Florida 33193

## New Registered Agent's Signature, if changing Registered Agent:

Royal Society LLC

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>	Type of Action
AMBR	Natural Perception LLC	2916 Hollister Ave. Los Angeles CA 90032	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			🗆 Add
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			□Change
			□Add
			□Remove

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Typed or printed name of signee