

L21000240611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

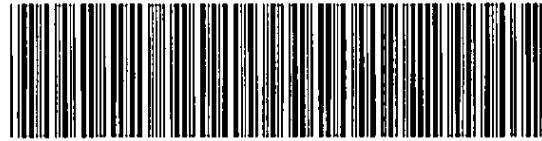
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200374617022

10/08/21--01014--015 \*\*25.00

10/20/21  
T.A.S.  
2021 OCT -8 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Royalty LLC By: Shay & Desi  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Desire Butler Wade

Name of Person

Royalty LLC By: Shay & Desi

Firm/Company

3219 N. 48th St Apt 4

Address

Tampa, FL 33605

City/State and Zip Code

desirebutler5@gmail.com

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

For further information concerning this matter, please call:

Desire Butler Wade

Name of Person

at ( 201 ) 396 8466

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**

Royalty LLC By: Shay & Desi

(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 05/24/2021 and assigned Florida document number L21000240611.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Royalty LLC By: Desi

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)

401 E. JACKSON ST  
SUITE 2340  
TAMPA, FL 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3319 N 48th St  
APT 4  
TAMPA, FL 33605

**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:

Desire Butler Wade

New Registered Office Address:

401 E. JACKSON ST SUITE 2340

Enter Florida street address

Tampa

City

Florida

33612

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>
<u>AP</u>	<u>Eshante C. Starks</u>	<u>1834 Inner Oak Circle</u>	<input type="checkbox"/> Add
		<u>Apt 304</u>	<input checked="" type="checkbox"/> Remove
		<u>Brandon, FL 33619</u>	<input type="checkbox"/> Change
<u>mgr</u>	<u>Kayla J. Barnes</u>	<u>401 E. Jackson St</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 2340</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33612</u>	<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

2018 OCT 8 PM 2:55  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

2021 OCT -8 11:15  
STATE  
TALLAHASSEE FLORIDA  
SECURITY

2021 OCT -8 PM 12:55  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-08-2001 BY 60322  
UCBAW

750

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

09/23 2021

SPW

Signature of a member or authorized representative of a member

Desire Butler Wade

Typed or printed name of signee