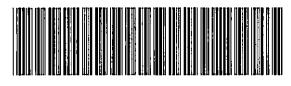
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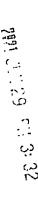
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## **COVER LETTER**

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TO: Registration Section Division of Corporations	* * *
SUBJECT: Royal bene	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The enclosed Articles of Amendment and fee(s	) are submitted for filing
Please return all correspondence concerning thi	-
rrease return an correspondence concerning un	s matter to the following:
	Simone ka Meal
<u>Po</u>	col benefit-SS 11C
1460	5) biscayne blud 216
- $Nor$	Th Miami Beach 3318 ( City/State and Zip Code
Bles	City/State and Zip Code  STAND COUCHED. COM  address: (to be used for fundre admual report notification)
For further information concerning this matter.	please call:
Simoneka Nea-	at (305) 79 (0 - 1178) Area Code Daytime Telephone Number
rane w regard	Area Code Dayanie Telephone (vunion)
Enclosed is a check for the following amount:	
¥325.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of S	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Cornarations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Li</u> (A F	iability Compar lorida Limited L	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L2100027</u>	ity Company 9579	were filed on Olo-	25 -2021 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the Royal benefits LLC. The new name must be distinguishable and contain the words.	_	· · ·	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AI	DDRESS)		29
	<u>-</u>		
			29
Enter new mailing address, if applicable:			n n
(Mailing address MAY BE A POST OFFICE BOX	0		
	•		ယ
B. If amending the registered agent and/or regist agent and/or the new registered office address he	<u>re</u> :		enter the name of the new registered
Name of New Registered Agent:	DIMO	neka Nec	
New Registered Office Address:	<u> 4651</u>	DIS COME Emer Florida street	blud 216
_	North	MIGM, bed	Plorida 33151 Zip Code
New Registered Agent's Signature, if changing Regist	tered 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
<u>CeO</u>	Simoneka keal	14651 biscourse blvd 226	EAdd
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famending any other information, enter change(s) here: (Attach additional  Towarded to add my	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Royal benefilss 11C	
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fective date, if other than the date of filing:	(optional)  an 90 days after tiling.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	e earlier of: (b) The 90th day after t
Simonka ned	
Signature of a member or authorized representative of a r	nember
SIMONEKA WEO Typed or printed name of signee	

Filing Fee: \$25.00