## L21000283074

(Re	questor's Name)	
bA)	dress)	
(Add	dress)	····-
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	3331.	
	Office Use Only	



700389285067

N/C & Amend

DIVIŠIO. OF ČURPURATIONS TALLAHĀSSĒE, FLORIDA 2022 JUN -9 PM 4: 32

ECEIVED

A RAMSEY JUN 1 0 2022

022 JUN - 9 AM II: 33

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-5437 (850) 524-624

<u></u>	Janes Full-
Royalty Jet Ski Rentals, LLC L	.21000283074
BUSINESS ( Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy AMENDMENT C	ONLY FROM 3/30/1984
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X_ Amendment
Not for Profit	Resignation of R.A. Officer/l
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other Conn	Merger Conversion
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ()	Other
intry	

## **COVER LETTER**

TO:	Registration Se Division of Cor			
AND THE TR	arom.	Royalty Je	et Ski Rentals LLC	
SUBJE	ECI:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Claudine Hancock	
			Name of Person	
			Firm/Company	<del> </del>
			177 NW Willow Grove Ave	
		***************************************	Address	
			Port St Lucie , Fl 32986	
		Royalty Jet Ski Rentals LLC  Name of Limited Liability Company  nendment and fee(s) are submitted for filing. ence concerning this matter to the following:  Claudine Hancock  Name of Person  Firm/Company  177 NW Willow Grove Ave  Address  Port St Lucie, Fl 32986  City/State and Zip Code  PORT St Lucie, Fl 32986  City/State and Zip Code  PORT St Lucie and Zip Code		
		Foyalfa E-mail address:	OUT ADORS LLC & GMZ to be used for future annual report notif	•,
For fur	ther information c	oncerning this matter, please of	all:	
	Claudine F	łancock	-	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ <b>S</b> 2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN -9 AM 11: 33

Royalty Jet Ski Rentals	LLC	TELETARY FIRM I
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.	)
· ·	•	
The Articles of Organization for this Limited Liability Company were f	iled on6/17/202	and assigned
Florida document number L21000283074		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	mpany here:	
Royalty Outdoors LLC		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," 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 agent and/or the new registered office address here:	s on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
Cit	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressed company has been notified in writing of this change.	mance of my duties, and ed for in Chapter 605, F	d I am familiar with and '.S. Or, if this document is

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
MGR	Addison Clausen	1309 Shadow Path Dr	
	•	Port Orange, Fl 32128	□Remove
			□Change
			□Remove
·			□Change
			□Add
			□Remove
·			□ Change
			□ Add
			Remove
			Change
			Remove
			Change
			□Remove
			Change

- <u></u> -		
<del></del>		
•		
•		
-		
	· · · · · · · · · · · · · · · · · · ·	
If an effecti Note: If t	date, if other than the date of filing:	207 (3 as th
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated	6/1/2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00