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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
Familty Fir	rst Senior Placement Services I	JLC	
SUBJECT:			<u> </u>
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Noelle Wiggin		
		Name of Person	
	Royal Senior Concierge	LLC	
		Firm/Company	
	1490 Ronald Street	· ······ company	IT JULI EGRET TALL!
		Address	ETARY
	North Port, FL. 34286		SE OF IT
		City/State and Zip Code	3: 05 STATE EFFL
	Noelle@royalseniorconcie	_	•
	E-mail address: (to be used for future annual report not	fication)
	concerning this matter, please c		
Noelle Wiggin		941 626-0510	
Name of Person		at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration Section		Registration Se	
Division of Corporations		Division of Cor The Centre of T	
P.O. Box 6327			e Street, Suite 810
Tallahassee, FL 32314		ZTIJIV, MOINU	e oucci, ouite orv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company lorida document number	y were filed on June 29,	2021 and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	bility company here:	
Royal Senior Concierge LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1490 Ronald Street, N	lorth Port, FL. 34286
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		FILED JUL -8 PM 3:05 CRETARY OF STATE ALLAHASSEE, FL
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our record	s, enter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	Citv	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>	Type of Action
			□Add
			Remove
			□ Change
			SED CRemove
			SECRETA Y OF STATE Remove SECRETA Y OF STATE Remove
			TA OS □Remove
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fan effec <u>Note:</u> If	e date, if other than the date of filing:	uant to 605	5,020 e d a
ie reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th Oth day after the record is filed.	ne ear li	er o
ine 9	14/4 7	1	
	Ja10 2		
The 9	Signature of a member or authorized representative of a member		