

L21000430415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

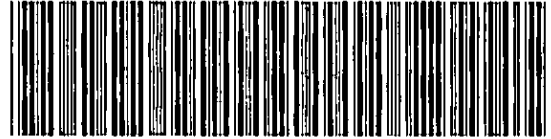
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 OCT 15 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

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OCT 31 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2021

BRAD CUNNINGHAM
2964 NW 55TH AVE, STE A1
LAUDERHILL, FL 33311

SUBJECT: ROYAL HANDS LOGISTICS, LLC
Ref. Number: L21000430415

We have received your document for ROYAL HANDS LOGISTICS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 821A00025862

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROYAL HANDS LOGISTICS, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BRAD CUNNINGHAM

Name of Person

Firm/Company

2964 NW 55TH AVE SUITE 1A

Address

LAUDERHILL, FL 33313

City/State and Zip Code

Brad.ccunningham@gmail.com

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

For further information concerning this matter, please call:

Name of Person

at ()

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

SECRET
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROYAL HANDS LOGISTICS, LLC

(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 L21000430415 and assigned
Florida document number 09/28/2021.

This amendment is submitted to amend the following:

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

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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
AMBR	BRAD CUNNINGHAM	2964 NW 55TH AVE A1	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	BRAD CUNNINGHAM	2964 NW 55TH AVE A1	<input type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	BRAD CUNNINGHAM	2964 NW 55TH AVE A1	<input type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	BRAD CUNNINGHAM	2964 NW 55TH AVE A1	<input type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT 5 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRET
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/15/21 BY 60322 UCBAW

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____,



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00