LZI 000439889

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COVER LETTER

TO: Registration Division of C		
SUBJECT:	Royal Perm	its LLC:
	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	6 en	Name of Person
		Name of Person
	foyal	Parmits ILC.
		Firm/Company
	17755	SW 42 TERRACC
		Address
	Yi	10mi Fl 33175
		City/State and Zip Code
	Info@r.	cyalpermits.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Genny	Pineda	at() 3056085612
Name	of Person	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 & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
Mailing Addr		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee
i ananassee.	Γ1. 32.314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303