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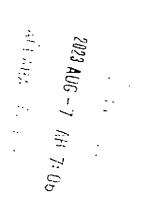
	Bassastaria Nama)	
1)	Requestor's Name)	
	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
☐ PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of S	Status
		
Special Instructions t	o Filing Officer:	. –
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COVER LETTER

	Registration Se Division of Cor			•
enn iez	Royce Nels	on LLC		
SUBJEC	l; <u>.</u>	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendm <mark>ont an</mark> d feets) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Royce Smith		
			Name of Person	
			Firm/Company	
		300 SW 19th Avenue		
		Fort Landerdale, IFL 33312	Address	
			City/State and Zip Code	
		Royce-tre@gmail.com	City/state and 7/10 Code	
		•	to be used for future annual report	notification)
For furthe	er information e	oncerning this matter, please c	all:	
Royce Sr	nith		954 459-1855 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30,00 Filing Fee & Cornificate 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	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632			f Tallahassee
	Tallahassee, l	ri, 323 1 4	2415 N. Mor	rroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO 2023 AUG - 7 AM 7: Uc

ARTICLES OF ORGANIZATION OF

Royce Nelson LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our re- orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 12/07/2021	and assigned
Florida document number 1.21000516089		
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the	limited liability company here:	
Royce Smith LLC		
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 AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		
	·	-
B. If amending the registered agent and/or registe		ter the name of the new registere
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street ad	dress
		, 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(a) 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
AMBR	Royce Smith	300 SW 19th Avenue	
		Fort Lauderdale, FL 33312	⊡Remove
			= Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ached is a copy of my marriage certificate and my new ID showing the name change
	-
_	VALUE 100
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an effect ote: If	e date, if other than the date of filing:
record s Lis filed	specifies a delayed effggtlyg date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
ated	Ruya Smith Signature of a member or authorized representative of a member
	$\langle L \rangle$
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00