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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section

Division of Corp	porations	•	-	
DJF SERVI	CES, LLC			
SUBJECT:		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	MARGARET O. FURLO	NG		
		Name of Person		
	ROYAL POINCIANA SEI	RVICES, LLC		
		Firm/Company	<del></del>	
	8490 WHITE EGRET WA	Y		
		Address		
  -	LAKE WORTH, FL 44367			
		City/State and Zip Code		
	pfurlong77@gmail.com			
		to be used for future annual report noti	neation)	
For further information co	oncerning this matter, please ca	ali;		
Margaret Furlong		561 436-1571 at ()		
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for th	e 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 Section	
Division of C	=		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, I			2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

DJF SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEE and assigned The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/07/22}{}$ Florida document number L22000022828 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROYAL POINCIANA SERVICES, 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 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: MARGARET O. FURLONG Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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>	Address	Type of Action
MGR	DEVIN J. FURLONG	8490 WHITE EGRET WAY	
		LAKE WORTH, FL 33467	≣Remove
			□Change
MGR	MARGARET O. FURLONG	8490 WHITE EGRET WAY	<b>=</b> Add
		LAKE WORTH, FL 33467	□Remove
			Change
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fec	tive date, if other than the date of filing: (optional)
ın c ote	ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cui	ment's effective date on the Department of State's records.
ecc	ord 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
	filed.
,	2010
ateo	Much 7, 2022.
	Mayout O Fallon &
	Signature of a member or authorized representative of a member  Margaret O. Fullon a  Typed or printed name of signee
	1