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CAS INDIVER VIDEO FRANCHISING OIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporat	
SUBJECT:	Royal Capital Funds LLC (Name of Limited Liability Company)
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
	Name of Person
_	Firm/Company
_	PO BOX 470571 Address
_	CELEBRATION FL 34747 City/State and Zip Code
For further information concer	E-mail address: (to be used for future annual report notification) ming this matter, please call:
KHOPA Name of Person	on Area Code Daytime Telephone Number
Enclosed is a check for the foll	lowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOYAL	CAPITAL	_ FUND	SILC		
(Name of the Limited L (A F	iability Company lorida Limited Lin	as it now appears ibility Company)	on our records.)		
The Articles of Organization for this Limited Liabil Florida document number	ity Company w 45 <u>9</u> 20	ere filed on	1/25/2	0 <u>7 2</u> and as:	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	<u>limited liabili</u>	ty company he	re:		
ROYAL SERVICE	CES 6	VILLA.	S LLC	_	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the de	signation "LLC" or	the abbreviation "L	.L.C."
Enter new principal offices address, if applicable	: :	**************************************	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET A	DDRESS)				
			····		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u>x</u>)				
B. If amending the registered agent and/or regis agent and/or the new registered office address he		dress on our re	cords, <u>enter the</u>	name of the ne	w registered
Name of New Registered Agent:					
New Registered Office Address:		Enter Flori	da street address		
			, Floric	ja	
_		City		Zip Code	
New Registered Agent's Signature, if changing Regis				0	=
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chai	ind complete p red agent as pr istered office a	erformance of a ovided for in C	my duties, and l hapter 605, F.S	am familiar wi . Or, ffamiliaeci	th So nd T un te nt is
	If Chang	ing Registered Age	nt, Signature of No	ew Registered Agen	ـــــــــــــــــــــــــــــــــــــ

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
AMBR	DANH LE	820 S. DENNIS ST,	🗆 Add
		SANTA ANA, CA 92704	DRemove
			Change
MGR	KHOA LE	8953 STINGER DR	bAdd
		DAVENPORT, FL 33896	□Remove
			Change
		······································	□Add
			□Remove
		<u> </u>	Change
<u></u> _		,	□Add
			□Remove
			Change
		ASSEE	OLVISION OF CORPOR
		CORIDA	ORATIONS OR THE PROPERTY OF STREET, ST
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_= 8	
D> (-	Π
SSO PER SO SE	
<u>MQXX</u>	
PH PROPERTY OF THE PROPERTY OF	
E. Effective date, if other than the date of filing: 12 23 2024 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	(3)(b the
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 December 23, 2024.	
Signature of a member or authorized representative of a member	
KHTA (E Typed or printed name of signee	

Filing Fee: \$25.00