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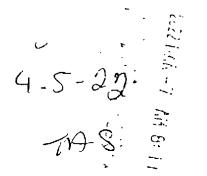
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	. Certificates	s of Status
Special Instructions to F	Filing Officer:	





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March 21, 2022

TYLYN JOHNSON 333 OCEAN VIEW IN INDIALANTIC, FL 32903

SUBJECT: MASTERTS ROYAL TOUCH LLC

Ref. Number: L22000066082

We have received your document for MASTERTS ROYAL TOUCH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

TERARRA A SIMMONS OPS

www.sunbiz.org

Letter Number: 622A00006579

COVER LETTER

Registration Section

TO:

porations					
'S ROYAL TOUCH LLC					
Name of Limited Liability Company					
Amendment and fee(s) are sub	mitted for filing.				
ondence concerning this matter	to the following:				
Tylyn Johson					
	Name of Person				
MASTERTS ROYAL TO	JCH				
	Firm/Company				
333 ocean view In					
	Address				
indialantic, fl, 32903					
74 74	City/State and Zip Code	<u>.</u> ,			
tylyn2095@gmail.com	to he used for future enough support to	ti(feation)			
		(meaning)			
	937 6313661				
f Person	at () Area Code Daytii	ne Telephone Number			
he following amount:					
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
ss: Section Corporations	Street Address: Registration S Division of Co				
27 FI 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810			
	Amendment and fee(s) are sub- name of Lim Amendment and fee(s) are sub- name concerning this matter Tylyn Johson MASTERTS ROYAL TOU 333 ocean view In indialantic, fl, 32903 tylyn2095@gmail.com E-mail address: (concerning this matter, please concerning this matter	Amendment and fee(s) are submitted for filing. Sindence concerning this matter to the following: Tylyn Johson Name of Person MASTERTS ROYAL TOUCH Firm/Company 333 ocean view In Address indialantic, fl, 32903 City/State and Zip Code tylyn2095@gmail.com E-mail address: (to be used for future annual report no concerning this matter, please call: 101 Person Area Code Daytin The following amount: \$\Begin{array} \text{S30.00 Filing Fee & Certificate of Status} & Certified Copy (additional copy is enclosed) See Section Corporations Corporations The Centre of The Centre o			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTERTS ROYAL TOUCH		
(Name of the Limited Liability (A Florida	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/22/2022	and assigned
lorida document number 1.22000066082		
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
he new name must be distinguishable and centain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRI	ESS)	
		2(2)
Inter new mailing address, if applicable:		: ラザ
Mailing address MAY BE A POST OFFICE BOX)		شمد جه د دم
		5.
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Aduless.	Enter Florida street address	
	, Flor	ida
The state of the s	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>	Address	Type of Action
MGR	Tylyn Johnson	333 Ocean View Ln, indialantic, FL	≣ Add
			□Remove
			☐ Change
			□Remove
		***************************************	Change
			Add-
			— □Add
		□Remove	
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ffective date, if other than the an effective date is listed, the date mutote: If the date inserted in this bocument's effective date on the E	lock does not meet	the applicable s	e of filing or more statutory filing re	dan 90 days after fi equirements, this o	ling.) Pursuant to	o 605.020 Histed a:
record specifies a delayed effective is filed.	ve date, but not an o	effective time, a	t 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
		·				
ated <u>C3/29/3022 </u>						
ated <u>C3/29/2022</u>	Signature of a mem	ber or authorized	representative of	nember		_