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SUCRETARY OF STAIL

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

DVIR AVI	OZ LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DVIR AVIOZ				
		Name of Person			
	DVIR AVIOZ LLC				
	-	Firm/Company			
	121 N COMPASS WAY U	JNIT 430			
	-	Address			
	DANIA BEACH, FL 3300)4		2022	Dryisio:
	Dvir1212001@walla.com	City/State and Zip Code		2022 SEP -7 PH 12: 07	- 함께 위로
		to be used for future annual report notif	ication)	7	65. 53.
For further information c	oncerning this matter, please co	all:		PH 12	48.08.4 48.54 48.45
DVIR AVIOZ		954 505-6709 at ()		: 07	
Name o	f Person		Telephone Number		ŕ
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DVIR AVIOZ LLC

(Name of the Lunded)	Florida Limite	d Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/01/2022}{\text{Elorida document number}}$			and assigned		
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of t	he limited li	ability company here	<u>:</u> :		
ROYAL PROFESSIONAL LLC					
The new name must be distinguishable and contain the wor	ds "Limited Lic	hility Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		อเช้ 202	
(Principal office address MUST BE A STREET ADDRESS)		_ -		55	
 				1 0/2	
		N/A		7 PH 12:	
Enter new mailing address, if applicable:	O.V.				
(Mailing address MAY BE A POST OFFICE BO	<u>(2X)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:			ords, <u>enter the nai</u>	me of the new registere	
			, Florida _		
		City		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Ager	<u>it:</u>			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch	and comple ered agent a gistered offi	te performance of m s provided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and :: tif this document is:	

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
			□ Add
			□Remove
			Change
			□Add
			Remove
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			### # ### ###
			O 7 O O O O O O O O O O O O O O O O O O
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	PH 12:	F STA
	07	98.0 19.0
E. Effective date, if other than the date of filing:	to 605.020 e Tisted a	07 (3)(b) as 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 record is filed.	after the	c
Dated September 2 2012		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a niember		
Typed or printed name of signee		

Filing Fee: \$25.00