

283000196944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

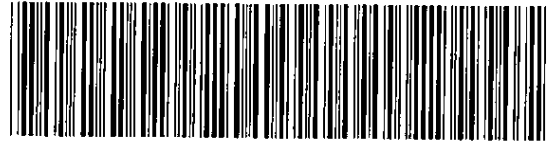
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

af

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$30.00

AUTHORIZATION: _____

Royal5 Pink Boutique LLC

L23000196944

Document #

___ Walk in

___ Pick up time

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Amendment

X Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ CORP

AMMENDMENTS

X Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL () _____
Country

___ Other

EXAMINER'S INITIALS: _____

file now

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal5 Pink Boutique LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenny L Metellus

Name of Person

Firm/Company

147 Pageant street

Address

Lehigh Acres FL 33974

City/State and Zip Code

djenny.ledan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny L Metellus

Name of Person

at (305) 519-8495

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Royal5 Pink Boutique LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/20/2023 and assigned Florida document number L23000196944.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Royal Family Home Day Care 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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(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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jenny L Metellus	147 Pageant st Lehigh Acres FL 33974	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DEPT. OF STATE
TALLAHASSEE, FL

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2023 NOV 17 AM 11:16
TALLAHASSEE, FL

(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 (3)(b)

Dated 11-17, 2022

Jenny L Metellus
Typed or printed name of signee