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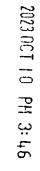
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

	gistration Sect vision of Corpo					
SUBJECT:	ADVANCED ROYAL TECH, LLC					
SUBINCT.		Name of Limi	ted Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please retur	n all correspond	dence concerning this matter t	to the following:			
		EDUARDO GARCIA ORO	DZCO			
			Name of Person			
			Firm/Company			
		4263 POLO CT				
			Address			
		JACKSONVILLE, FL 3227	77			
			City/State and Zip Code			
		E-mail address: (to	o be used for future annual report notific	cation)		
For further i	information con	cerning this matter, please ca	11:			
EDUARDO GARCIA OROZCO			786 619-4758			
	Name of F	Person		Telephone Number		
Enclosed is	a check for the	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

شكد

ADVANCED ROYAL TECH, LL		INV OF IT BOW ORDOOM OF THE	- manada)	
(ivadie of the 1,tm	(A Florida Limited	iny as it now appears on our Liability Company)	r records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 09/21/202	3	and assigned
Florida document number L23000440277	 '			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A/				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	N/A/	··		
Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
			•	023 001
				6
Enter new mailing address, if applicable:		N/A/		10
Mailing address MAY BE A POST OFFICE			P 171	
			•	<u>ښ</u>
				£
3. If amending the registered agent and/or	registered office :	address on our records.	enter the nam	e of the new regis
gent and/or the new registered office addre			-	-
Name of New Registered Agent:	EDUARDO GA	ARCIA OROZCO		
New Registered Office Address:	4263 POLO CT			
		Enter Florida stree	t address	
	JACKSONVIL	LE	, Florida <u>322</u>	277
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
		4263 POLO CT, JACKSONVILLE, FL 32277-1434	
AMBR	EDUARDO GARCIA OROZCO		□Add ·
			□Remove
			□ Change
			🗀 Add
			□Remove
			Change
			□Add
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specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.0	207 (3)(b)
does not meet the applicable s	tatutory filing requirements, this date will not be listed	as the
and the or state a records.		
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2023		
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	te of filling: specific and cannot be prior to date	te of filing:

Typed or printed name of signee