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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C	Section orporations		
Royall B SUBJECT:	lue, LLC		
<u></u>	Name of Li	imited Liability Company	
	of Amendment and fee(s) are st nondence concerning this matte		
	Randolph D Royall Jr		
		Name of Person	
	Royall Blue, LLC		
		Firm/Company	
	125 Cypress Dr		
		Address	
	East Palatka Florida 3213	31	
	randy@royallblue.com	City/State and Zip Code	
For further information a	E-mail address: concerning this matter, please c	(to be used for future annual report noti	fication)
Randolph Royall	essecting this matter, piease t	850 974-1294	
Name c	of Person	at () Area Code Daytime	e Telephone Number
Inclosed is a check for t	he 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 Addres	is:	Stroot Address:	

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
Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Royall Blue, 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 11/01/2024 Florida document number 124000459249 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Royall Blue Yacht Sales, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 125 Cypress Dr Enter new principal offices address, if applicable: East Palatka Florida (Principal office address MUST BE A STREET ADDRESS) 32131 125 Cypress Dr Enter new mailing address, if applicable: East Palatka Florida (Mailing address MAY BE A POST OFFICE BOX) 32131 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 Cin

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
	-	□Remove	
		□ Change	
		□Add	
		□Remove	
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		□Remove	
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			□Remove
			🖺 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effectiv	re date, if other than the date of filing: (optional)
(It an other Note: I	(optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3) fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the net's effective date on the Department of State's records.
he record ord is file	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
Dated _	(12/11) Docember 11th 2024
	Signature of a member or authorized representative of a member
	Randolph D. Royall Jr. Typed of printed name of signee

• • • •

Filing Fee: \$25.00