369280

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: <u>POYAL AL</u>	iction Group	Inc.
DOCUMENT NUMBER	369280	·	
The enclosed Articles of A	<i>mendment</i> and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
		Name of Contact Person	
	<u> </u>	Firm/ Company	P
			ln
<u>_</u> F	FOr+ Mylus	FL 3391	<u>Z</u>
		City/ State and Zip Code	:
For further information cor		sed for future annual report	notification)
Brandon	POV	at ((0()) 295 - 2860 de & Daytime Telephone Number
Name of Co	ontact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
Ⅺ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment

to

Articles of Incorporation of

POYAL AU	CHOVI	Group Inc	· /	-2 022 JAN 2 I - AM -9: 52
(Name of Corporation	•		Dept. of State)	
	369280	>		SECRETARY OF STATE
(Documer	nt Number of (Corporation (if known))	MECHINOSEE, FL
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Fi</i>	orida Profit Corporat	ion adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corp	poration:			
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A			
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)			
				····
			· - #	
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>))			
				<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ss in Florida, enter th	e name of the	
	ince address.			
Name of New Registered Agent	·			
	(Florida street	(address)		
New Registered Office Address:			, Florida	
	(C	ity)		(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered agent. I a	ım familiar wit	h and accept the oblig	ations of the posi	tion.
Signatu	re of New Reg.	istered Agent, if chang	ing	····
•	,	G 117 y 2 1411 G	1,	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	COO AMBR	George Frazier	7061 ALICO RD Et MYRYS IFL 33912
2) Change Add			
Add Remove 3) Change Add			
Remove 4) Change Add	<u></u>		
Remove 5) Change Add			
Remove 6) Change Add Remove			

,,	Articles, enter change(s) here: y). (Be specific)
n// n	
V/A	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
	'
//A	
1	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days o	ifier amendment file date)
Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board o action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	·
(voting group)	
Dated 01/18/2022	
Signature(By a director, president or other officer – if o	directors or officers have not been
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Brandon Roy	
(Typed or printed name of	person signing)

Tresder Drectur Scaretury
(Title of person signing)