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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Royal CBD Inc				
DOCUMENT NUM	D15000072201				
The enclosed Article	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Ronen Yakopor				
		Name of Contact Perso	on .		
	Royal CBD Inc				
		Firm/ Company			
	19420 NE 18th Place				
		Address			
	Miami, FL 33179				
		City/ State and Zip Co	de		
lisaı	goblepa@gmail.com		1/		
		sed for future annual repor	t notification)		
For further information	on concerning this matter, plea	se call:			
Lisa Goble		954 at (446-3175		
Name	of Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment of State:		
■ \$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			t Address		
	iendment Section	Amendment Section			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building		
	Hahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Royal CBD Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P15000072204	
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ooration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	EESS)
	T
C. Enter new mailing address, if applicable:	an ease
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	The state of the s
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D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	Tice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
racien, decept the appointment as registered agent. To	anjunital min and accept the conquitors of the position.
Signati	ure of New Registered Agent, if changing

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)

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 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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	ASH Group of Florida Inc	19420 NE 18th Place
Add			Miami FL 33179
X Remove			
2) Change	PTSD	Ronen Yakopor	19420 NE 18th Place
X Add			Miami FL 33179
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add	- — —		
Remove			

Attach additional sheets, if necessary).	ticles, enter chang (Be specific)				
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an amendment provides for an exc	hange, reclassifica	ition, or cancella	ition <u>of</u> issued <u>sh</u>	iares,	
provisions for implementing the ame	endment if not cor	itained in the am	<u>rendment itself:</u>	_ -	
(if not applicable, indicate N/A)					
	<u>. </u>				
					
					-
·					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required. Dated	popted by the incorporators without shareholder action and shareholder	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Ronen Yakopor	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	