## P15000094554

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SECRETARY OF STATE

C. CARROTHERS

## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROQUE REALTY	/, INC.	
DOCUMENT NUM	IBER: P15000094554		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SERGIO ROQUE, PRES.		
		Name of Contact Perso	n
	ROQUE REALTY, INC.		
		Firm/ Company	
	8440 SW 27 STREET		
		Address	
	MIAMI, FLORIDA 33155		
		City/ State and Zip Cod	le
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
SERGIO ROQUE		at (	608-9141
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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)
	iling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

	to Articles of Incorporation	
	of	
<u>/</u>		
	COUR PENNYLYC	D
(Name of Corporati	ion as currently filed with the Florida	Dept. of State)
4/3	0000 94534	
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid	la Statutes, this <i>Florida Profit Corporat</i>	ion adopts the following amendment(s) to
its Articles of Incorporation:	,	
		≥ ca 💆
A. If amending name, enter the new name of the c	orporation:	
ROQUE REALTY, INC.		The Clew
name must be distinguishable and contain the wo		
"Corp.," "Inc.," or Co.," or the designation "Corp.		orporation name miss contain the
word "chartered," "professional association," or the	e abbreviation "P.A."	F P
B. Enter new principal office address, if applicable	e:	SZ T
(Principal office address MUST BE A STREET AD		ر بال مال الم
	**************************************	
C. Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	
	-	
		<b></b>
D. If amending the registered agent and/or registered		ie name of the
new registered agent and/or the new registered	onice address:	
Name of New Registered Agent		
	(Florida street address)	
	(1 en las sireel quaress)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept the oblig	zations of the position.
Sig	nature of New Registered Agent, if chan	ging

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove		*	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u></u>

Attach <i>addit</i>	or adding additional Ai ional sheets, if necessary)	(Be specific)	Alal siasa,		
<del>-</del>					
				_	
<del></del>		· · · · · · · · · · · · · · · · · · ·			
				<del> </del>	
provisions	ment provides for an ex for implementing the an applicable, indicate N/A)	nendment if not co	ation, or cancellat ntained in the ame	ion of issued share indment itself:	·S.

The date of each amendment(s) adoption:, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature  (By a director president or other officer – if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
FRESIDENT
(Title of person signing)