## P16000046879

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	_, _ ,
(Ĉit	y/State/Zip/Phone	e #)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROYO USA COR	P				
DOCUMENT NUM	P16000046879					
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.				
Please return all corr	espondence concerning this ma	atter to the following:				
	Fabian Soto					
	Name of Contact Person					
	Taxapro Consulting Inc					
		Firm/ Company				
	1001 Brickell Bay Dr Ste 2700					
	Address					
	Miami, FL 33131					
		City/ State and Zip Cod	e			
	corp@taxapro.com					
	· •	sed for future annual report	notification)			
For further informati	on concerning this matter, plea	786	, 505 - (X)17			
Name	of Contact Person	at () Area Code & Daytime Telephone Numbe				
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address						
	nendment Section vision of Corporations	Amendment Section Division of Corporations				
	O. Box 6327	The Centre of Tallahassee				
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

SECRETARY SEET FL

## Articles of Amendment to Articles of Incorporation of

(Nume of Cornoration as energonth	filed with the Florida Dept. of State)
( <u>Name of Corporation as Currents</u>	insu with the French Dept. of State)
·	
(Document Number of	Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this Estatticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	
	21
me must be distinguishable and contain the word "corporation," "co luc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	
Value and principal office address if applicables	4220 W 104th Street, Suite 14
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hialeah, FL 33018
. Enter new mailing address, if applicable:	(A) P3
(Mailing address MAY BE A POST OFFICE BOX)	2023 JUH -6 SECRETA-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
	구선 등
	<del></del> <del></del> <del></del>
. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	ESTA E
	ert address)
17 to Refer Sire	** ************************************
New Registered Office Address:	Circ (Zin Code)

Check if applicable

 $\square$  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)

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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	MNG	GALINDEZ MENDEZ, YUISKALY	4220 W 104th Street, Suite 14
X Add			Hialeah, FL 33018
Remove			
2) Change			
Add			
Remove 3 ) Change			——————————————————————————————————————
Add			
Remove			7,50 
4) Change			= =
Add			FL
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

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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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
■ 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)	
05/16/2023 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)	
SILVIA ROYO	in 😘
(Typed or printed name of person signing)	7.23 17.30 1
PRESIDENT	

(Title of person signing)