P19 0000 34929

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ROYAL MAINTE	NANCE SF INC	
DOCUMENT NUMI	BER: P19000034929		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BETHMAN LUIS NIETO		
	-	Name of Contact Person	n
	JONABENTY ENTERPRISI	ES CORPORATION	
		Firm/ Company	
	17765 SW 20TH STREET		
		Address	
	MIRAMAR, FL 33029		
		City/ State and Zip Cod	e
	BETHMANNIETO@GMAIL	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
BETHMAN L NIETO)	at (790-7240
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐ \$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name)	of Corporation as currently	filed with the Florida Dept. of State)
P19000034929		(.)
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	The new
	Corp," "Inc," or "Co". A	The new ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,	if applicable:	7001 WEST 35TH AVE UNIT 140
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH, FL 33018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7001 WEST 35TH AVE UNIT 140
<u> 2274 902-</u>	<u>0,1102 </u>	HIALEAH, FL 33018
D. If amending the registered agent ar new registered agent and/or the new		ss in Florida, enter the name of the
Name of New Registered Agent	ARIADNA HERNANDEZ	
	7001 WEST 35TH AVE UN	HT 140
	(Florida stree	address)
New Registered Office Address:	HIALEAH	Florida
	10	City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the position.
	AMERICA	E.C. gistered Agent, if changing
	Signature of New Reg	gistered Agent, if changing

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 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P 	MARTINEZ, ADRIAN A	3821 N PINE ISLAND RD STE 21
Add			SUNRISE, FL 33351
X Remove			
2) Change	PS	HERNANDEZ, ARIADNA	7001 WEST 35TH AVE UNIT 140
X Add			HIALEAH, FL 33018
Remove Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessary). (Be st	•			
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f an amendme	nt provides for an exchange, r	eclassification, or	cancellation of issu	ed shares,	
if not app	implementing the amendment icable, indicate N/A)	t if not contained i	n the amendment it	<u>iself:</u>	
N/A					
/-/-					
					
. -					
		••			
					

SEPTEMBER 1, 2020
The date of each amendment(s) adoption:, if other than the date this document was signed.
SEPTEMBER 1, 2020 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
SEPTEMBER 1, 2020
Dated
SignatureAuranting
(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)
ADRIAN ALFONSO MARTINEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)