P19000091392

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R. HUNT 06/14/23

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Royalty of 4 M. M				
DOCUMENT NUM	BER: P19000092392	***		_	
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	itter to the following:			
	ISLEIVY TORRES				
	-	Name of Contact Persor	1		
Royalty of 4 M. Medical Group, Corp					
Firm/ Company					
3100 Milam Dairy Rd. Ste 113					
Address					
	Miami, FL 33122-1335				
City/ State and Zip Code					
	ROYALTYMEDICALGROUP@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)	PHIO: 24	
	on concerning this matter, plea				
ISLEIVY TORRES		at (<u>305</u>	_)		
Name of Contact Person Area Code & Daytime Telephone Number			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)	S52.50 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 Co 2415 N	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 8 issee, FL 32303	310	

Articles of Amendment to Articles of Incorporation of

Royalty of 4 M. Medical Group, Corp

its Articles of Incorporation:		ng amendment(s
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:		ng amendment(s
its Articles of Incorporation:	a Profit Corporation adopts the followi	ng amendment(s
A 16 P. C.		
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation," "compan "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe "chartered," "professional association," or the abbreviation "P.A."	y," or "incorporated" or the abbreviat ssional corporation name must conta	ion "Corp.," in the word
B. Enter new principal office address, if applicable:	1 NW 36TH ST, SUITE 201B	
(Principal office address <u>MUST BE A STREET ADDRESS</u>) MIA	AMI SPRINGS, FL 33166-7259	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P.O). BOX 520351	
MIA	MI, FL 33152-0351	
	表と	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the	H 10: 21
Name of New Registered Agent	· ਜ	-
		_
(Florida street addr	ess)	
New Registered Office Address:	, Florida	
(City)	(Zip	Code)

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)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			- 272
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			PHIO:
Add			——————————————————————————————————————
Remove			m F
5) Change			
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
	<u>-</u>
	
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	<u>-</u>
	31 <u>5</u>
	
f an amendment provides for an exchange, reclassification, or cancellation of issued share	es,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(у погаррисате, такше ма)	
····	
	

The date of each amendment(s) a date this document was signed.	toption:		if other than the
Ç			
Effective date <u>if applicable</u> :	(no more than 90 days after amen	dment file date)	*
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory fil partment of State's records.	ing requirements	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors	without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes flicient for approval.	cast for the ame	endment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately or		
"The number of votes east	for the amendment(s) was/were sufficient for a	pproval	? 9
by		``	
	(voting group)		in the second se
06/09/2023 Dated			FAXSSE PR
Signature	any.		PMIO: 24 OF STATE SSEE. FL
(By a d selecte	rector, president or other officer – if directors of 1, by an incorporator – if in the hands of a recei- ed fiduciary by that fiduciary)		iot ocen 191 -
	ISLEIVY TORRES		
	(Typed or printed name of person si	igning)	
	PRESIDENT		
	(Title of person signing)		