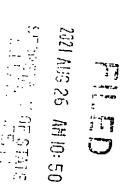
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A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: GLOBAL TROY,	CORP.		
	1BER: P21000022843			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	NICOLAS URQUIJO			
		Name of Contact Pers	on	
	GLOBAL TROY, CORP.			
		Firm/ Company		
	7875 NW 107 AVE #517			
		Address		
	DORAL, FL. 33178			
		City/ State and Zip Co	de	
	nurquijocertain@gmail.com			
	· ·	sed for future annual repo	rt notification)	
For further informati	ion concerning this matter, pleas	786	. 477-0428	
Name of Contact Person		at (Code & Daytime Telephone Number	
•	for the following amount made		•	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
	mendment Section	Amendment Section		
	vision of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

GLOBAL TROY, CORP.		2021 AUG	25 AH IN: 50
(Name o	of Corporation as currently	y filed with the Florida Dept. of St	
P21000022843		sa Gillia Nation	NOF STATE
	(Document Number of	Corporation (if known)	76.0000.11
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts th	he following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the professional corporation name n	abbreviation "Corp.," nust contain the word
B. Enter new principal office address,		<u>-</u>	
(Principal office address MUST BE A S	TREET ADDRESS)		
			
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
5 15 11 11 11	V '. 265 12		
D. If amending the registered agent ar new registered agent and/or the new			ne
	VAULT TAX SERVICE (
Name of New Registered Agent	1414 NW 107th Ave # 100		
	(Florida stre		
	MIAMI		33172
New Registered Office Address:	•	, Flori <i>(City)</i>	da(Zip Code)
		(City)	(Lip code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar y	rish and accept the obligations of the	e position.
	C)Hallow	1000	
	Signature of New Ri	egistered Agent, if changing	
Charle if annioable			
Check if applicable ☐ The amendment(s) is/are being filed p	ursuant 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	PT	MARIA M. ROA	7875 NW 107 AVE # 517
X Add			DORAL, FL. 33178
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an excl	hange, reclassi	fication, or canc	ellation <u>of issue</u>	d shares,	
	endment if not	contained in the	amendment its	elf:	
provisions for implementing the ame					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the amount (if not applicable, indicate N/A)					
provisions for implementing the amount (if not applicable, indicate N/A)		 .		- .	
provisions for implementing the ami (if not applicable, indicate N/A)				<u>.</u> .	
provisions for implementing the ame (if not applicable, indicate N/A)					
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provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ami					
provisions for implementing the ami (if not applicable, indicate N/A)					

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The date of each amendment(s) adoption: 08/19/2021 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) Dated DX 1 9 202 Signature (By a director, president or other officer – if hirectors 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)		08/19/2021	
Effective date if applicable: **In 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			, if other than the
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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) Nicolas Urgoio (Typed or printed name of person signing)		(voting group)	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Nicol & Urgoijo (Typed or printed name of person signing) Hell	Signature	8/19/2021 Minoles Ungvijo	C
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MEIRM		Nicolas Urgoiji	jng)
(Title of person signing)		(1) ped of printed fiathe of person sign	····e/
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