P21000022843

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GLOBAL TROY, G	CORP.	
DOCUMENT NUMB	ER:		
	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
}	MARIA M. ROA		
-		Name of Contact Perso	on .
(GLOBAL TROY, CORP.		
-		Firm/ Company	
	7875 NW 107 AVE #517		
-		Address	
1	DORAL, FL. 33178		
-		City/ State and Zip Coo	le
1	naria.roa.aldana@gmail.com		
-		ed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:at (477-0428
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:
■ \$35 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 Divis P.O.	ing Address Indiment Section Indiment Section Indiment Section Indiment Section Indianation Indianatio	Amen Divisi The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021 OCT 21 PH 4: 11

GLOBAL TROY, CORP.	2021 031 21 111 4
(Name of Corporation as curt	rently filed with the Florida Dept. of State) UKC LAR . SE STE
P21000022843	##** #
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>п:</u>
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	da street address)
New Registered Office Address:	, Florida
	(Ciry) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	gent: iliar with and accept the obligations of the position.
Signature of N	lew Registered 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	MGRN	Л	NICOLAS URQUIJO	7875 NW 107 AVE # 517
Add				DORAL, FL. 33178
X Remove				 -
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>additi</i>	or adding additional A onal sheets, if necessary	y). (Be specific)	i <u>cots) nett</u> .			
		· -				
						
· · · · · · · · · · · · · · · · · · ·						
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			· -			
					 	
						
f an amendi	ment provides for an e	xchange, reclassifi	cation, or cance	llation of issued sl	nares,	
provisions f	or implementing the a pplicable, indicate N/A)	mendment if not c	ontained in the	amendment itsell:		
(ij noi a	ppiicuoie, maicuie (VA)					
						
		_ <u>_</u>				
						
						

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	10/15/2021	
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
	5/2021	
Effective date if applicable:	(no more than 90 days after amendmen	at file date)
	(no more than 70 days after amenamen	. The date,
Note: If the date inserted in this b document's effective date on the Do	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast if flicient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. The	
must be separately provided for	each voting group entitled to vote separately on the c	amendment(s):
"The number of votes cust	for the amendment(s) was/were sufficient for approv	ral
The humber of votes east	tor the amendment(s) was were sufficient for approv	
by		<u>_</u> ."
	(voting group)	
10/15/2021		
Dated		
\{	(1)	
Signature		
	rector, president or other officer - if directors or officer - if directors or officer - if directors or officer - if in the hands of a receiver, to	
	ed fiduciary by that fiduciary)	rustee, or other court
арропі	, ,	
	MARIA. M. ROA	
	(Typed or printed name of person signing	
		*
	PT	
	(Title of person signing)	
	(

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