P21000070124

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ROLYN EXTERP	ierst inc	
DOCUMENT NUMBER:	P2100007012	4	
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conc	erning this matter to the following	ng:	
	PATRICIA PO		
	Name of Conta	act Person	
	ADVANUE TO	DINANCIAL SEEUICE	<u>, , , , , , , , , , , , , , , , , , , </u>
39		SS DRIVE	
	DEAL SPRINGS,	n 3305	
	City/ State and	•	
	Petro 1240	taxagmail.con	^
E-mail add	dress: (to be used for future anni	ual report notification)	ł
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For further information concerning th	is matter, please call:		20 20 20 20
Particia Poll	M)at ('	954) 255- 3848	STORE IN THE STATE TO THE STATE OF STAT
Name of Contact Person	on	Area Code & Daytime Telephone Nu	ے mber کے
Enclosed is a check for the following	amount made payable to the Flo	orida Department of State:	
-	Filing Fee & S43.75 Filing the of Status Certified Cop (Additional conclosed)	oy Certificate of Status	TATE
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	0

Articles of Amendment

••	
Articles of Incorporation	
of	

ROLYN EXTERPRISE	filed with the Florida Dept. of State)
(Name of Corporation as currently	filed with the Florida Dept. of State)
P210000 70124	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	# 610
	BOLA RATION, FL 33496
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22596 MERIDIANA DRIVE
(Maning address MAT DE ATOST OF FICE BOX)	BOCA RATION, FL 33433
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
22596 M (Florida stre	ERIDIANADRIVE 10 TO 1
New Registered Office Address: BOUN PATON	, Florida 33435.
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	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)

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>	Name	<u>Addres</u> s
1) Change Add	<u>V</u> F	LINDA MNBINDER	BOUR RATION, FL 33433
Remove 2) Change Add			
Remove 3) Remove Add			1023 - SECF
Remove 4) Change Add			ETANCE SEE
Remove 5) Change Add			ATE
Remove 6) Change Add Remove			
Kemove			

tach additional sheets, if necessary).	(Be specific)	
	 	
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	hange, reclassification, or cancellation of issued shares,	5
an amendment provides for an excl	endment if not contained in the amendment itself:	-
ovisions for implementing the ame	三:	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)		· - ;
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rovisions for implementing the ame		<i>></i> . ≥

ine date of each amendment late this document was signed	(s) adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Signature(B sc	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ROBERT ATNBINDER	·
	(Typed or printed name of person signing)	
	PRESIDENT	2023 SEC
	(Title of person signing)	2023 JUN 13 PH 4: 24 SECRETATIVE ASTATE