## lorida Department of State

### **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063

Phone : (786)343-9023

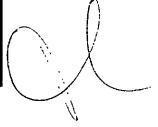
Fax Number : (305)384-4684

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### COR AMND/RESTATE/CORRECT OR O/D RESIGN ROYAL HOUSE PROPERTIES CORP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |



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#### **COVER LETTER**

| TO: | Amendment Section        |
|-----|--------------------------|
|     | Division of Corporations |

| Division of Cor         | porations                                                                           |                                                                  |                                                                                                                    |
|-------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPO           | PRATION: ROYAL HOUSE                                                                | PROPERTIES CORP                                                  |                                                                                                                    |
|                         | BER: P21000097745                                                                   |                                                                  |                                                                                                                    |
| The enclosed Article.   | s of Amendment and fee are su                                                       | abmitted for filing.                                             |                                                                                                                    |
| Please return all corr  | espondence concerning this ma                                                       | utter to the following:                                          |                                                                                                                    |
|                         | MONICA LOPEZ                                                                        |                                                                  |                                                                                                                    |
|                         |                                                                                     | Name of Contact Pers                                             | on                                                                                                                 |
|                         | F&L ACCOUNTING SERV                                                                 | TICES LLC                                                        |                                                                                                                    |
|                         |                                                                                     | Firm/ Company                                                    |                                                                                                                    |
|                         | 2414 NW 87 PL STE 2414                                                              |                                                                  |                                                                                                                    |
|                         |                                                                                     | Address                                                          |                                                                                                                    |
|                         | DORAL, FL 33172                                                                     |                                                                  | 4.5                                                                                                                |
|                         |                                                                                     | City/ State and Zip Co                                           | ode                                                                                                                |
|                         | monicalopez@flaccountingll                                                          | c.com                                                            |                                                                                                                    |
|                         | E-mail address: (to be us                                                           | sed for future annual repo                                       | rt notification)                                                                                                   |
| For further information | on concerning this matter, plea                                                     | se call:                                                         |                                                                                                                    |
| MONICA LOPEZ            |                                                                                     | 786                                                              | 267-4792<br>Code & Daytime Telephone Number                                                                        |
| Name                    | of Contact Person                                                                   | Area C                                                           | Ode & Daytime Telephone Number                                                                                     |
| Enclosed is a check f   | or the following amount made                                                        | payable to the Florida De                                        | partment of State:                                                                                                 |
| S35 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)                             |
| An<br>Div<br>P.C        | iling Address lendment Section ision of Corporations b. Box 6327 lahassee, FL 32314 | Amer<br>Divis<br>The C<br>2415                                   | et Address indiment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303 |

 $\Box$  The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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# Articles of Amendment Articles of Incorporation

| ROYAL HOUSE PROPERTIES CORP                                                                                                                                                               |                                                                |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------|
| P21000097745                                                                                                                                                                              | rently filed with the Florida Dept, of State)                  |                                       |
|                                                                                                                                                                                           | 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 followin            | g amendment(s) to                     |
| A. If amending name, enter the new name of the corporation                                                                                                                                | <u>n:</u>                                                      |                                       |
| 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 "I | ". A professional corporation name must contain                | _The new<br>on "Corp.,"<br>n the word |
| B. Enter new principal office address, if applicable:                                                                                                                                     |                                                                | <del></del>                           |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                                               |                                                                | 2                                     |
|                                                                                                                                                                                           |                                                                | )22[                                  |
| C. Enter new mailing address. if applicables                                                                                                                                              |                                                                | 2))22 DEC - 7                         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                                                   |                                                                | - 7                                   |
|                                                                                                                                                                                           |                                                                | 를 : 🚊                                 |
|                                                                                                                                                                                           | •                                                              | ထဲ 🗁                                  |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add                                                                    |                                                                | <del>5</del> 9                        |
| Name of New Registered Agent                                                                                                                                                              |                                                                | -                                     |
| (FL.:)                                                                                                                                                                                    | la street address)                                             | -                                     |
|                                                                                                                                                                                           | ·                                                              |                                       |
| New Registered Office Address:                                                                                                                                                            | , Florida                                                      | Tode)                                 |
|                                                                                                                                                                                           |                                                                |                                       |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am famil                                                            | gent:<br>liar with and accept the obligations of the position, |                                       |
| <u></u>                                                                                                                                                                                   |                                                                | _                                     |
| Signature of Ne                                                                                                                                                                           | ew Registered Agent, if changing                               | •                                     |
| Check if applicable                                                                                                                                                                       |                                                                |                                       |

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:<br>X Change       | <u>PT</u>       | John Doe                 |                            |
|----------------------------|-----------------|--------------------------|----------------------------|
| X Remove                   | $\underline{V}$ | Mike Jones               |                            |
| <u>X</u> Add               | <u>sv</u>       | Sally Smith              |                            |
| Type of Action (Check One) | <u>Title</u>    | <u>Name</u>              | Address                    |
| i) Change                  | VP              | BRO PROPERTY COMPANY LLC | 110 N FEDERAL HWY APT 121  |
| Add                        |                 |                          | FORT LAUDERDALE, FL 33     |
| X Remove                   |                 |                          | - 0                        |
| 2) Change                  | т               | ALLPRO COMPANY LLC       | 110 N FEDERAL HWY APT 1211 |
| X Add                      |                 |                          | FORT LAUDERDALE, FL 33301  |
| Remove 3 ) Change          |                 |                          | 59                         |
| Add                        |                 |                          |                            |
| Remove                     |                 |                          |                            |
| 4) Change                  |                 |                          | *****                      |
| Add                        |                 |                          |                            |
| Remove                     |                 |                          |                            |
| 5) Change                  |                 |                          |                            |
| Add                        |                 |                          |                            |
| Remove                     |                 |                          |                            |
| 6) Change                  |                 | MID                      |                            |
| Add                        |                 |                          |                            |
| Remove                     |                 |                          |                            |

| amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)   |               |                   |   |
|-----------------------------------------------------------------------------------------------------------------------|---------------|-------------------|---|
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|                                                                                                                       |               |                   |   |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |               |                   |   |
| rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) |               |                   |   |
| ty mit appairante, maie aie 1974)                                                                                     |               |                   |   |
|                                                                                                                       |               |                   |   |
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|                                                                                                                       |               |                   |   |

| The date of each amendment(s) adoption:                                                                                                                                                                    | if other     | than t   | he      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|---------|
| Effective date if applicable:                                                                                                                                                                              |              |          |         |
| (no more than 90 days after amendment file date)                                                                                                                                                           | <del></del>  |          |         |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.                        | not be liste | ed as tl | he      |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                       |              |          |         |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.                                                                     | harchoide    | r        |         |
| 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                                                                                                                            |              | 2022 DEC |         |
| by                                                                                                                                                                                                         |              | 10 Z     |         |
| (voting group)                                                                                                                                                                                             |              |          | * >     |
| Dated                                                                                                                                                                                                      | ٠,           | -7 AH    | ָּנוּ ] |
| Signature  (By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hards of a receiver, trustee, or other court                           | ·            | 8: 59    |         |
| appointed fiduciary by that fiduciary)                                                                                                                                                                     |              |          |         |
| JESSICA TENAGLIA                                                                                                                                                                                           |              |          |         |
| (Typed or printed name of person signing)                                                                                                                                                                  |              |          |         |
| PRESIDENT                                                                                                                                                                                                  |              |          |         |
| (Title of person signing)                                                                                                                                                                                  |              |          |         |

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