P24000046090

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROYAL CONSTRUCTION INC DOCUMENT NUMBER: <u>\$24000046090</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: michael menender Name of Contact Person Firm/ Company 211 5 COOPERS HEWK WAY Pam Coast FL 32164
City/ State and Zip Code ROVAL PAUCIS 97(a) 4mail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: michael menender Name of Contact Person Enclosed is a cheek for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ROVAL CONS	struction	Inc				
(Name of Corporation a	as currently filed wit	h the Florida Dep	t. of State)			
P24000046090	o					
(Document	Number of Corporat	ion (if known)				
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	atutes, this <i>Florida Pr</i>	ofit Corporation a	dopts the follow	wing amend	lment(s)	to
A. If amending name, enter the new name of the corpo	oration:					
				The i	new	
name must be distinguishable and contain the word "corpo" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	r "Co". A professio					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>					
	*****				_	
					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					_	
				<u></u>	-	
D. If amending the registered agent and/or registered	office address in Flo	rida, enter the na	me of the			
new registered agent and/or the new registered offi				S	23	
Name of New Registered Agent				A CR	124	
				75.0	£	-
	(Florida street address)	<u> </u>		<u>~₹\$</u>	1	43L.
				RY O		ا المسار
New Registered Office Address:	(City)		_, Florida	in Code	_ <u></u>	1 2
	(0.0)		1+-	HATE	2: 12	١
New Registered Agent's Signature, if changing Registe						
I hereby accept the appointment as registered agent. I an	m familiar with and ac	cept the obligation	is of the positio	n.		

Signature of New 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P	_	michael A menendez	211 S Coopers Hawk
X_ Add				Way palm coast FC 32164
Remove				
2) Change	75	_	Svetlana perepochuina	77 Southcake or
Add				Palm coast PL 32137
Remove Change		_		
Add				2024 DEC SECRETA TALLAH
Remove				ATA C
4) Change				158 OF 28 IT
Add				PAILS:
Remove				ATE 12
5) Change				
Add				
Remove				
6) Change		_		\
Add				1. 1
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	TARY OF ST AHASSEE, I	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	拼유	P4
ty not appreciant, material tory	1. S.	PH 12:
		$\overline{2}$
	F14	_
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	eted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	(0
Dated 12 13	124	FILED 2024 DEC -4 PH 12: 12 SECRETARY OF STATE TALLAHASSEE, FI
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	PHIZ: I
(nichael menenda	E 2
	(Typed or printed name of person signing)	
(residen +	
1	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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