P980000 82040

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ROYEL ELECTRIC, INC.					
DOCUMENT NUMBER: 4980000 82040					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stael Reyes, Jr Name of Contact Person					
Leves Electric, Inc.					
3885 NW 125th St					
Opa - LOCKA, FL 33054 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
151ael Reyel VC. at (305) 688-4546 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Certified					
Mailing Address Amendment Section Amendment Section					

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

19 MAY 24 PH 4: 50

Articles of Amendment to Articles of Incorporation of

Reyes Electric, Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P980000B2040	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment(s) to
A. If amending name, enter the new name of the corporation:	
The	r new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreward "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contemporate word "chartered," "professional association," or the abbreviation "P.A."	viation
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida , Flo	
(City) (Zip Code)	7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	PH L: 50
Signature of New Registered Agent if changing	ស៊ី

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 Doc 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Luis Melcon	3885 NW 12517St
Add			Opa Locka, FL 33054
X_ Remove			
2) Change	CED	Julia E. Gomez	3885 NW 125th St
X Add			Opa Locka, FL 33054
Remove			· · · · · · · · · · · · · · · · · · ·
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
-	
•	
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
STARL Leyes 90/0	
ulio E Gomes 10%	
<u> </u>	

The date of each amendment(s) adoption: 5/70/19 late this document was signed.	, if other than the
Effective date if applicable: 5/20/19	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5 20 14	
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	