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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Ron Tunks S	Sales, Inc.	
DOCUMENT NUMBER:	H74424		
The enclosed Articles of Amer	ndment and fee are st	abmitted for filing.	
Please return all corresponden	ce concerning this ma	itter to the following:	
	Robyn Co	oper	
•		Name of Contact Person	n
	Ron Tunks 5	Sales, Inc. d/b/a RTSales, Ir	ıc.
		Firm/ Company	<u>.</u>
	17	06 Costa Del Sol	
	O O	Address	
	Boca Rato	n. Fl. 33442	
		City/ State and Zip Cod	e
rh	tunks@rtsales.com		
E-1	nail address: (to be u	sed for future annual report	notification)
e e a recent			
For further information concer	ning this matter, plea	se can:	
Robyn Cooper		at ( <u>954</u>	551-9447
Name of Conta	ct Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	lowing amount made	payable to the Florida Depa	artment of State:
	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amend	Address Iment Section
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee.	FL 32314	2661 E	Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporatio	n as currently filed with the Flor	rida Dept. of State)
Ron Tunks Sales, Inc	. 1174424	
(Docume	ent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
RTSales, Inc.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD)		
		<del></del>
C. Enter new mailing address, if applicable:		ت.: 
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
· · · · · · · · · · · · · · · · · · ·		
D. If any discoult and a section of	ologen older a tributal contr	and a manager of the control of the
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered o</li> </ul>		r the name of the
V 2N D S L		
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		bligations of the position
тольну, жесерь ине сурранитет из годинеси идет. Т	an jamina wan ana accept the o	ongations of the position.
Signa	ture of New Registered Agent, if ch	hanging

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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{V}$	Mike Jos	nes	
X Add	<u>\$V</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3 ) Change				
		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	
	ч	
	<u> </u>	<del>-</del> ·
		-
	· · ·	<u> </u>
	·	
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ac date this document was signed.	loption:, i	if other than the
·	November 1, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE)</u>	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 11/01/2	2019	
SignatureR	Also Cooper	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Robyn Cooper	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	