N94000005883

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TALLAHASSEE, FLORID

11/15/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BETA TAU ZE	TA ROYAL ASSOCIATION, INC.		
DOCUMENT NUMBER: N940000588	33		
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to	the following:		
ROSETTA J. VICKERS			
	me of Contact Person)		
BETA TAU ZETA ROYAL	ASSOCIATION, INC.		
The state of the s	(Firm/ Company)		
P.O. BOX 471000			
	(Address)		
MIAMI, FL 33247			
(Cit	y/ State and Zip Code)		
zroyal@bellsouth.net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rosetta J. Vickers, President/CE (Name of Contact Person)	EO at (305) 496-9717		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made payabl	e to the Florida Department of State:		
O. 1. (A	43.75 Filing Fee & Certificate of Status Additional copy is nclosed) (Additional Copy is Enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee FL 32314	Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	01	FILEU
Beta Tau Zeta Royal Asso	ciation, Inc	•
(Name of Corporation as currently fi	led with the Florida Dept. of State)	2013 NOV 12 PM 2: 50
(Docume)	nt Number of Corporation (if known)	SECTE AND DESTATE TALLAHASSEE, FLORIDA
•	•	ZA.
rursuant to the provisions of section 617.1000 mendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following
If amending name, enter the new name	of the corporation:	
	10 (1)	The ne
ame must be distinguishable and contain the		ed" or the abbreviation "Corp." or "Inc.
'Company" or "Co." may not be used in the	name.	
3. Enter new principal office address, if as	pplicable:	
Principal office address <u>MUST BE A STRE</u>	ET ADDRESS)	
		-
7 Mada		4
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		Λ
	<u></u>	
 If amending the registered agent and/or new registered agent and/or the new re 	r registered office address in Florida gistered office address:	i, enter the name of the
now journey agent and of the new it	N I	A Company
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Degistered Agent	
hereby accept the appointment as registered		ot the obligations of the position.
	NIA	· · · ·
	ignature of New Registered Agent, if a	nhanaina
3	ivnature of New Keylsterea Ayent. If C	วานกรบาร

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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	Address
1) Change	PCEO	Rosetta J. Vickers	
X Add			
Remove			
2) Change		***************************************	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add		Equilibrium designation and the second secon	
Add Remove			
reliiove			

attach additional sheets, if necessary). (Be specific)				
N/A				
				
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	e date of each amendment(s) adoption: e this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated Mrs. 7, 2013	
	Signature Musses Daward	
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	other court appointed fiduciary by that fiduciary)	
	Ulyssess Howard Whyses Howard	
	(Typed or printed name of person signing)	
	Board Chairman	
	(Title of person signing)	