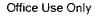
2100000 64188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Royalty Tax Servi	ces. Inc.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Mazaly Muniz		
		Name of Contact Person	1
		Firm/ Company	
	8140 NW 51st Place		
	Coral Springs, F1, 33067	Address	
		City/ State and Zip Cod	e
lbra	vo2016@hetmail.com		V
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Mazaly Muniz		954 at (988-1686
Name	of Contact Person	at (954) 988-1686 Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Royalty Tax Services the:			
	of Corporation as current	dy filed with the Florida Dept.	<u>, of State</u>)
P10000064188			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	: Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and com "Corp." "Inc." or Co." or the design word "chartered," "professional associa	ation "Corp," "Inc." or	"Co" A professional corpora	The new rated" or the abbreviation name must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office add w registered office addres Mazaly Muniz 4063 North Goldenrod R (Florida s	<u> </u>	18 SEP 12 AF 2: 57
New Registered Office Address:	Winter Park		. Florida 32792
New Registered Agent's Signature, if cl Thereby accept the appointment as regist	ered agent. I am familiar		(Zip Code) s of the position.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Lestie Muniz	4063 North Goldenrod Road.
, Add			Suite 6
X Remove			Winter Park, FL 32792
2) Change	Р	Mazaly Muniz	4063 North Goldenrod Road,
X Add			Suite 6
Remove			Winter Park, FL 32792
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific)
N/A ———	
-	
F. If a	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N/A	
	· · · · · · · · · · · · · · · · · · ·

September 1, 2018
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
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
(voting group)
☐ 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
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)
Mazaly Muniz
(Typed or printed name of person signing)
President
(Title of person signing)