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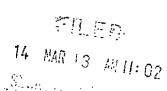
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: JM Royalty	Enterprise II, In	C	
DOCUMENT NUMB	<sub>ER:</sub> P1200008848	3		
	f Amendment and fee are su			
Please return all corresp	oondence concerning this mat	tter to the following:		
,	Jean C Benjamin			
-		Name of Contact Person	1	
	JM Royalty Entrp	rise II, INC		
-		Firm/ Company	-	
	PO BOX 741983			
•		Address	-	
_	Boynton Beach F	L 33474		
		City/ State and Zip Cod-	e	
kids	villevision@aol.c	om		
<del></del>		ed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Jean C Benja	min	<sub>at (°</sub> 954	, <u>802-8818</u>	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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



## JM Royalty Enterprise II, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)	TAU AHASSIF FI A
2000402	771 413

P12000088483		,	mater ser,	TARIDA
(Document Number of C	Corporation (if l	known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fi	lorida Profit Corporation ad	lopts the following	; amendment(s) to
A. If amending name, enter the new name of the cor	rporation:			
				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 "C	o". A professional corpora	rated" or the ab ution name must c	breviation ontain the
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )			
		<del></del>	. <del>.</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<b>V</b> )			
(Mutting uturess MAT BE A TOST OFFICE BOX	<u> </u>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Florida, enter the nam	ne of the	
	onice address.			
Name of New Registered Agent				
	(Florida stree	4 - 11 1		
	(r ioriaa siree	i adaress)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
	(0.1,5)		(Dip Coul)	
New Registered Agent's Signature, if changing Reginal Hereby accept the appointment as registered agent.		th and accept the obligation:	s of the position.	
Signature of New	w Registered Ag	ent, if changing		

## 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					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	P,S	Marshas Myrthil	PO BOX 741983				
Add			Boynton Beach FL 33474				
Remove							
2) Change	D	Jean C Benjamin	PO BOX 741983				
Add			Boynton Beach Fl 33474				
Remove			· · · · · · · · · · · · · · · · · · ·				
3) Change		<del>-</del>					
Add							
Remove			<del></del> ,				
4) Change	<del></del>	_	<u> </u>				
Add							
Remove							
5) Change							
Add							
Remove			<del> </del>				
6) Change			-				
Add		-					
Remove							

Attach	additional	sheets, if ne	ecessary).	(Be specifi	hange(s) her c)				
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prov	<u>isions for i</u>	t provides f mplementin cable, indica	ig the amen	ange, reclas	sification, o ot contained	or cancellation	on of issued adment itse	shares, lf:	
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The date of each amendment(s) adoption: 03/11/2014	_, if other than the
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
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_03/11/2014	
Signature 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)	
Jean C. Benjamin	
(Typed or printed name of person signing)	<del></del>
President	_
(Title of person signing)	_