P21 000032532

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2021 AUG 16 PH 12: 4.
SECRETATION OF STATE

A. Butter 8/26/21

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ROYAL SNAIL CORP. DOCUMENT NUMBER: P21000032532 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marena Loeffler Name of Contact Person Allure Accounting, Inc. Firm/ Company 3665 Bonita Beach Road. Suite 1-3 Address Bonita Springs, FL 34134 City/ State and Zip Code ybertran@alluretax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 9923355

Area Code & Daytime Telephone Number Marena Loeffler Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

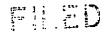
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ROYAL SNAIL CORP.	2021 AUG 16 PH 12: 4-1
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P21000032532	SECRETARY OF STAIR
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MANAGEMENT2. CORP.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	n/a
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. F	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
and the state of t	trace in Florida enter the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	s:
Name of New Registered Agent	
, the same of the	
(Florida s	reet address)
Now Designand Office Address	, Florida
New Registered Office Address:	(City) (Zip Code)
N. D. Sand A. and Simple and Gaboning Designand Agen	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
•	-
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		<u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additiona (Attach additional sheets, if necess	ury). (Be specific)	
n/a		
		· · · · · · · · · · · · · · · · · · ·
		·
		<u> </u>
		 -
<u> </u>		
. If an amendment provides for a	n exchange, reclassification, or cancellation	of issued shares,
provisions for implementing th	e amendment if not contained in the amend	ment itself:
(if not applicable, indicate N	7.4)	
//a		
	_	
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• ,

	doption:, if other	than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed tepartment of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
app.	Marena Loeffler	
	(Typed or printed name of person signing)	•
	Authorized Representative	
	(Title of person signing)	