N19000006507

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Magne Media Inc
J' DOCUMENT NUMBER: # N190000 450 7
DOCUMENT NUMBER: IT IN 1. 100000 P) O T
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bn Huny Spann (Name of Contact Person)
(Name of Contact Person)
Maggle Medialn C (Firm/ Company)
(Firm/ Company)
2+00 rund lake fol
(Address)
(City/State and Zip Code)
E-mail address: (to be used for future should report notification)
is-man address. (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Conjact Person) at 401 557570) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (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 of

(Name of Corporation as currently filed with the Florida Dept. of State) N 1900000507 (Document Number of Corporation (if known)	llowing
	llowing
(Document Number of Corporation (if known)	llowing
	llowing
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the foliamendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	he new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Company" or "Co." may not be used in the name.	"Inc."
B. Enter new principal office address, if applicable: 2400 Saral Lakeka	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LONG (UOOCL) FL	
31379	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2.100 Sand all III	
Longwood, FL	
51779	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	2113 8
Name of New Registered Agent:	14 d3
New Registered Office Address: (Florida street address)	三 三 三
Clearly Control Contro	ည <u></u>
(City) (Zip Code)	-27-
New Registered Agent's Signature, if changing Registered Agent: 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	

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	<u>V</u> <u>Mil</u>	n Doe Ge Jones Ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	melissa (Wilk	11115 CITTAL CIT April 204 Windermere, FL 34786
2) Change Add Remove	<u>D_</u>	Aussattone	11715 CiraCir Apt 206 Windermere, FL 34786
3) Change Add Remove	<u>D</u>	dis puss	1400 sandlake Rd Longwood, FL 32779
4) Change Add Remove	_D	Michael Spann	LO3ip BNNKALLA Ovlando, Flo & T 51817
5) Change Add Remove			<u> </u>
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
I am remound melissa wilk and Alyssa Howe as	_	
directors likewise, imadding Julic Spann and		
Lam remound melissa Wilk and Alyssa Howe as directors likewise, I'madding Julie Spann and Michael Spann as directors I amalso changing the organizations principal and mailing address to 2400 sandlake Ed Longwood, FU 32779		
the organizations principal and mailing address to	D	
2400 randlocke Ed Longwood FL 32779		
		-
		
	-	17
		<u> </u>
	3 .	<u> </u>

The date t	date of each amendment(s) adoption: DA/LA/LD19 this document was signed.	, if other than the
Effec	(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 ment's effective date on the Department of State's records.	listed as the
Adop	otion 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.	
	Signature Signature (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) (Typed or printed name of person signing)	
	(Title of person signing)	