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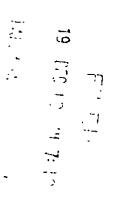
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COVER LETTER

TO: Amendment Section Division of Corporations

MACCI MACE MACE MACE MACE MACE MACE MACE MACE	GIC INC	
N19000010730 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning	his matter to the following:	
RICHARD MACCI		
	(Name of Contact Person)	
	(F) (G)	
	(Firm/ Company)	
19760 STRIKER CIRCLE		
	(Address)	
BOCA RATON, FL 33498		
	(City/ State and Zip Code)	
INFO@RICKMACCLCOM		
E-mail address: (t	be used for future annual report no	otification)
For further information concerning this matte	r, please call:	
RICHARD MACCI	561 at	445-2747
(Name of Conta		a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Depar	tment of State:
■ \$35 Filing Fee □\$43.75 Filin Certificate o	g Fee & S43.75 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	Division Clifton I	nent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MACCI MAGIC INC (Name of Corporation as currently filed with the Florida Dept. of State) N19000010730 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: MACCI MIRACLES INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) 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	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
, Add		,	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional (attach additional sheets, if necessar	y). (Be specific)			
N/A				
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The date of each amendment(s) adoption: _late this document was signed.		_, if other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does no locument's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not bot State's records.	e listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
Dated y. 12-9-19 Signature 4 July	•	
Signature y flu Mu	<u>~</u>	_
(By the chairman or vi have not been selecte	ce chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
RICHARD MACC	CI	
	(Typed or printed name of person signing)	
President	(Title of person signing)	
	,	