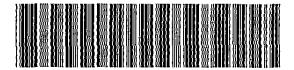
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Majic City	Detailing, Inc.	
DOCUMENT NUMBER: P05000032634		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Robert Rakestraw (Name of	Contact Person)	- -
Majic City Detailing, Ir	nc.	
(Firm)	Company)	
4304 Arbor Oaks Court	ddress)	
Orlando FL, 32808		·
For further information concerning this matter, pl	e and Zip Code) ease call:	
Robert Rakestraw (Name of Contact Person)	at (407) <u>810-0</u> (Area Code & Daytime	173 Telephone Number)
Enclosed is a check for the following amount:		
☑ \$35 Filing Fee	□\$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 Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Majic City Detai	of corporation as currently filed with the Florida Dept. of State)
(- (ling Inc. e of corporation as currently filed with the Florida Dept. of State) 32634 (Document number of corporation (if known)
P050000	32634
	(Document number of corporation (if known)
Designate to the married as	of markey 607 1006 That's Course with Fruits Burger
	of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> in the section of the s
adopto the following afficien	anemas, to tas sistemes of most portation.
<u>NEW CORPORATE NAI</u>	ME (if changing):
MAGIC CITY DET.	AILING INC.
(Must contain the word "corpora	tion," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation mus	t contain the word "chartered", "professional association," or the abbreviation "P.A."
AMENDMENTS ADOPT	ED- (OTHER THAN NAME CHANGE) Indicate Article Number(s
	<u>ED- (OTHER THAN NAME CHANGE)</u> Indicate Article Number(so amended, added or deleted: (BE SPECIFIC)
	<u>CED- (OTHER THAN NAME CHANGE)</u> Indicate Article Number(s g amended, added or deleted: (BE SPECIFIC)

(continued)

FILING FEE: \$35