P05000102027

(1)	Requestor's Name)	
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(I	Business Entity Name)	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	MAGIC IMPORTS OF LONGWOOD, INC
DOCUMENT NU	MBER:	P05000102027
The enclosed Artic	eles of Amendmen	and fee are submitted for filing.
Please return all co	orrespondence con	erning this matter to the following:
		MOHAMMAD GOLCHINI
		Name of Contact Person
	MA	SIC IMPORTS OF LONGWOOD, INC
•		Firm/ Company
		2590 W. S.R 434
•		Address
		LONGWOOD FL 32779 US
		City/ State and Zip Code
	E-mail addres	; (to be used for future annual report notification)
For further informa	ation concerning th	is matter, please call:
МОН	AMMAD GOLCH	NIat ()
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	k for the following	amount made payable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Certificate of	
P.O. Box 63	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

MICHARY AN 9:27

MAGIC IMPORTS OF LONGWOOD, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000102027

(Document Number of Corporation (if known)

owing

Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statu	ites, this <i>Florida Prof</i>	it Corporation adopts the foll
A. If amending name, enter the new name of	of the corporation	<u>on:</u>	
	N/A		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "C	Corp," "Inc," or "Co"	" or "incorporated" or the . A professional corporation
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STRE)</u>		N/A	
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u>		N/A	
D. If amending the registered agent and/or new registered agent and/or the new regi			nter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Flor	ida street address)	
	(Cir.)		, Florida
New Registered Agent's Signature, if changi I hereby accept the appointment as registered o		agent:	Zip Code) ne obligations of the position. .
	Signature of New	Registered Agent, if c	hanging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	BAHRAM GOLCHINI	2590 W. S.R 434 LONGWOOD FL 32779 US	Ø Add _ D Remove
			_ ~
	ling or adding additional Articles, ended the distribution of the space of the spac		
provisio (if n	nendment provides for an exchange, in the smendment of applicable, indicate N/A)	reclassification, or cancellation of i	ssued shares, t itself:
N/A			
·———			

The date of each amendmen	t(s) adoption: <u>03/04/2010</u>
Effective date <u>if applicable</u> :	N/A (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	· (CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_03/0	14/2010
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	MOHAMMAD GOLCHINI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)