

P110000016076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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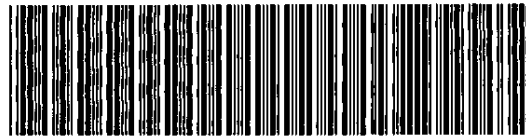
(Business Entity Name)

(Document Number)

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07/11/11--01051--023 **35.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 11 PM 3:47

Amend
C.COULLIETTE

JUL 12 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAGICAL SENSATIONS CORP

DOCUMENT NUMBER: P11000016076

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN VERGES

Name of Contact Person

MAGICAL SENSATIONS CORP

Firm/ Company

8400 NW 17 ST, SUITE B1

Address

DORAL, FL 33126

City/ State and Zip Code

MAGICALSENSATIONS@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN VERGES

Name of Contact Person

at (786) 422-8947

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 &
Certificate of Status

☐ \$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 Circle
Tallahassee, FL 32301

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>	<u>Type of Action</u>
DIR	ALEJANDRO J VARELA	8400 NW 17 ST, STE B1 DORAL, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR	LUIS R ROJAS	8400 NW 17 ST, STE B1 DORAL, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

PLEASE ADD THE COMPANY TAX ID: 27-5012156 AND SHOW IT IN SUNBIZ.ORG

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/07/2011
(date of adoption is required)
Effective date if applicable: 07/07/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

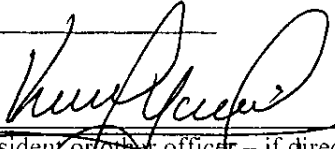
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/07/2011

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KAREN Y VERGES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)