(Re	equestor's Name)	
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S. HAWKES

SEP - 2012

**EXAMINER** 

## **COVER LETTER**

NAME OF CORPORATION: Digital Magic Stop tax

DOCUMENT NUMBER: PILOUD 479 48

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

Please return all correspondence concerning this matter to the following:

AUTUMN MAY FIN.

Name of Contact Person

Digital Magic Shop, The Firm/ Company

22.48 Sun 14th G.

Address

Filander Aale Fl 33312

City/ State and Zip Code

IBENEZ ADOL. Com

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

For further information concerning this matter, please call:

Autumn May May 1 May 1 May 1 May 1 May 1 May 2 May 1 May 2 May 1 May 1 May 2 May 2 May 2 May 2 May 2 May 2 May 3 May 2 May 3 May 2 May 3 May 2 May 3 May 4 M

Enclosed is a check for the following amount made payable to the Florida Department of State:

**□\$43.75** Filing Fee &

Certificate of Status

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

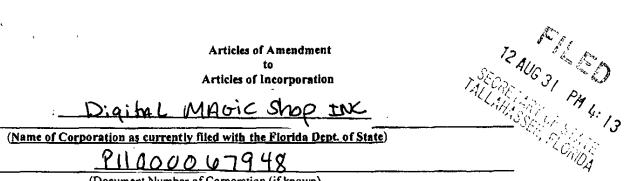
\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## Articles of Amendment



iment(s) to

	(Document Number of Corp	ooration (if known)		
Pursuant to the provisions of its Articles of Incorporation:	section 607.1006, Florida Stat	tutes, this Florida Profit	Corporation adopts the	following amendmen
A. If amending game, ente	r the new name of the corpo	ration:		
				The new
"Corp.," "Inc.," or Co.," o	ble and contain the word "cor or the designation "Corp." "i ional association," or the abbr	nc," or "Co". A profe		
B. Enter new principal off (Principal office address M	<u>ice address, lf applicable:</u> UST BE A STREET ADDRES	<u></u>		
C. Enter new mailing add (Mailing address MAY)	lress, if applicable: BE A POST OFFICE BOX)			
	red agent and/or registered officend of the new registered officend.		, enter the name of the	
Name of New Regi	stered Agent			
		(Florida street address)		
New Registered Off	ice Address:		, Florida	<del> </del>
		(City)	(ZIP	Code)
	ignature, if changing Registe ment as registered agent. I an		ot the obligations of the p	oosition.

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
<ol> <li>Change</li> </ol>	VP.	AUTUMN MACT:n:	2248 SW 14m C
X_ Add			FL lauderdals, Fl
Remove			<u>33312</u>
2) Change	<del></del>		
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Remove			
3) Change			
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5) Change			
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6) Change	<del></del>		
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underland underland, if models dir y/.	rticles, enter change(s) here: . (Be specific)	
<u> </u>		
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E a a a a a a a a a a a a a a a a a a a	change, reclassification, or cancellation of issued shares.	
it an amendment provides for an exc	Control of the Contro	
provisions for implementing the am	nendment if not contained in the amendment itself:	
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
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The date of each amendment(s) adoption:
Effective date if applicable: 1-1-12 (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 8-29-12 Signature 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 liduciary by that fiduciary)
(Typed or printed name of person signing)
Presionent-