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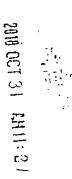
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COVER LETTER

		COVER LETTER		
TO: Amendment Sec Division of Corp				Palls Oct 3 Part 1: 21
NAME OF CORPO	RATION: MAGUS HOLDIN	G II, CORP.		是
	BER: P11000083758			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	MIRNA DIAZ			
		Name of Contact Perso	73	
	ABIAS CONSULTING INC	Name of Confact (150	.1	
		Firm/ Company		
	14645 SW 173 ST			
		Address		
	MIAMI, FLORIDA 33177			
		City/ State and Zip Cod	e	
ABL	ASCONSULTING@GMAIL.C	COM		
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
MIRNA DIAZ		786	262-4853	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Dep	artment 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)	
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301	

Articles of Amendment Articles of Incorporation

				2016	200年
	Articles of An	nendment		Q.	3 "
	to Articles of Inco	progration			ا رق
	of				EL
	MAGUS HOLDI	NG II, CORP.			1/.
(<u>Name</u>	e of Corporation as currently	filed with the Florid	la Dept. of State	<u>e</u>)	₹.
	P110000837	758			
	(Document Number of	Corporation (if knows	1)		
rsuant to the provisions of section 60 Articles of Incorporation:	97.1006, Florida Statutes, this F	Florida Profit Corpord	ution adopts the	following amendm	nent(s) to
If amending name, enter the new	name of the corporation:				
				The ne	
me must be distinguishable and co lorp" "Inc" or Co" or the desi ord "chartered," "professional assoc	gnation "Corp." "Inc." or "C	Zo". A professional o	incorporated" o corporation nam	or the abbreviatione must contain th	on se
		 			
Enter new principal office address Principal office address MUST BE A					
rincipal office address <u>MUST BE A</u>	<u>STREET ADDRESS</u>)				
rincipal office address <u>MUST BE A</u> Enter new mailing address, if ap	STREET ADDRESS)				
rincipal office address <u>MUST BE A</u>	STREET ADDRESS)				
rincipal office address <u>MUST BE A</u> Enter new mailing address, if ap	STREET ADDRESS)				
rincipal office address MUST BE A Enter new mailing address, if ap	STREET ADDRESS)				
rincipal office address <u>MUST BE A</u> <u>Enter new mailing address, if app</u> (Mailing address <u>MAY BE A POS</u>	STREET ADDRESS) plicable: T OFFICE BOX)	ess in Florida, enter t	the name of the		
rincipal office address <u>MUST BE A</u> <u>Enter new mailing address, if app</u> (Mailing address <u>MAY BE A POS</u>	<u>STREET ADDRESS</u>) plicable: T OFFICE BOX) and/or registered office addre	ess in Florida, enter t	the name of the		
Enter new mailing address, if app (Mailing address MAYBE A POS)	STREET ADDRESS) plicable: T OFFICE BOX) and/or registered office address: MIRNA DIAZ	ess in Florida, enter t	the name of the		
Enter new mailing address, if app (Mailing address <u>MAYBE A POS</u>) If amending the registered agent and/or the n	STREET ADDRESS) plicable: T OFFICE BOX) and/or registered office address: MIRNA DIAZ	ess in Florida, enter t	the name of the		
Enter new mailing address, if app (Mailing address MAY BE A POS) If amending the registered agent and/or the new registered agent and/or the new registered agent.	STREET ADDRESS) plicable: T OFFICE BOX) and/or registered office address: MIRNA DIAZ		the name of the		
Enter new mailing address, if app (Mailing address MAY BE A POS) If amending the registered agent and/or the new registered agent and/or the new registered agent.	STREET ADDRESS) plicable: T OFFICE BOX) and/or registered office address: MIRNA DIAZ (Florida stre	et address)		33177	

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)

Example:

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>J</u>	<u>John Doe</u>	
X Remove	<u>v</u> <u>s</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Addre5s
1) Change	DVPS	TARASCIO DE PERDOMO,MAYE	4100 SALZEDO ST., UNIT 804
Add			CORAL GABLES, FL 33146
X Remove			
2) Change	DVPS	PERDOMO ROSALES, MARIA C	4100 SALZEDO ST., UNIT 804
X Add			CORAL GABLES, FL 33146
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ن) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

	10/25/2018	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ek does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required. 10/2 /2018 Dated	ed by the incorporators without shareholder action and shareholder	
(By a life select d.	ctor president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiductory by that fiduciary)	
P	ERDOMO, GUSTAVO A	
 -	(Typed or printed name of person signing)	
	D/PRESIDENT	
_	(Title of person signing)	