**₩**0001/0006

S TALLEN

OCT 2 3 2018

Division of Corporations

lorida Department of State

Electronic Filing Cover Shee

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000305087 3)))



H180003050873ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page?

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DOS TAMPA TAX SERVICE

Account Number : I20140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

\*\*Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.\*\*

Email Address: MARISAMESQUITA@hotMAIL. LOM

COR AMND/RESTATE/CORRECT OR O/D RESIGN LM MAGIC JANITORIAL SERVICE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Monu

Corporate Filing Monu

Help

TO: Amendment Section

**Division of Corporations** 

## **COVER LETTER**

NAME OF CORPORA	TION: LM MAGIC JAN	ITORIAL SERVICE INC	
DOCUMENT NUMBER	D12000014246		
The enclosed Articles of A	Amendment and fee are st	abmitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the following:	
M	ESQUITA, MARISA		
		Name of Contact Perso	n
4.1	MAGIC JANITORIAL	SERVICE INC	
		Firm/ Company	
95	41 Sunbelt St #211		
		Address	
Ta	mpa FL 33635		
		City/ State and Zip Cod	ė –
marisam	esquita@hotmail.com		1/
	E-mail address: (to be u	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
MESQUITA, MARISA		સ ( <sup>8</sup>  3	526-6560
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	uriment of State:
S35 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)
Amendr Divisior P.O. Bo	Address neat Section to Corporations x 6327 see, FL 32314	Section Amendment Section Corporations Division of Corporations Clifton Building	

## Articles of Amendment tο Articles of Incorporation ٥ſ

LM MAGIC JANITORIAL SERVICE INC	
(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
P12000014346	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and assure the and "	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P,A,"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	25 25
	= B
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	c address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	(City) (City) (City Code)
	, and the same of
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent. I am fum	tiliar with and accept the obligations of the position.
Signature of I	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.

Frample:

X Change	<u>PT</u>	John Qoe	
X Remove	<u>V</u>	Mike Jones	
X Add	sv	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	D	Marques De Mesquita, Luiz F.	9541 Sunbelt St #211
Add			Tampa F1, 33635
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	····		
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
The second of the second secon	(conspicting)
	<del></del>
i an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself;
An not approving, material tom)	
	·
	·

The date of cach amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
hy
(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.
October 22, 2018
Dated
teller 1
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)
MESQUITA, MARISA
(Typed or printed name of person signing)
VP
(Title of person signing)