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C. GOLDEN AUG 2 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MAGIC CITY AL	L-STARS INC.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Anicia R. Leon		
		Name of Contact Perso	<u> </u>
	MAGIC CITY ALL-STARS	INC.	
		Firm/ Company	
	12122 SW 131st Avenue		
	· _ _	Address	
	Miami, FL 33186		
		City/ State and Zip Cod	e
mauit	citycheer@aol.com		
- magn	· -	sed for future annual report	notification)
	12 man address, (to be d.	sed for fature annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Anicia R. Leon		at () 979-6592 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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MAGIC CITY ALL-STARS INC

\ <u>ivanie q</u>		tly filad with the kloride Dent of State) A(b) □
12000034123	Corporation as curren	tly filed with the Florida Dept. of State) 35EE. FLORIO
2000034123		:3
	(Document Number	of Corporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(
If amending name, enter the new na	me of the corporation:	
A		The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		12122 SW 131st Avenue
		Miami, FL 33186
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12122 SW 131st Avenue
		Miami, FL 33186
		dress in Florida, enter the name of the
new registered agent and/or the nev	N/A	
new registered agent and/or the new	N/A	
Name of New Registered Agent		
	12122 SW 131st Avenue	
	12122 SW 131st Avenue	street address)
	12122 SW 131st Avenue	

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.

Example: X Change	PT	John Do	<u>ve</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PT	_	Anicia R. Leon	12122 SW 131st Avenue
Add				Miami, FL 33186
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				***************************************
6) Change		_		
Add				
Remove				

 If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
√A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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<u> </u>	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
₹A	
SIA	

	N/A	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
N/A		
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 Depa	ck does not meet the applicable statutory filing requirements rtment of State's records.	s. this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the ame cient for approval.	ndment(s)
	ved by the shareholders through voting groups. The following ich voting group entitled to vote separately on the amendmen	
"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 sh	areholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareh	older
Dated	e 17	
Signature (Ry a disc	ctor, provident or other officer – if directors or officers have r	oot baan
selected.	by an incorporator – if in the hands of a receiver, trustee, or of fiduciary by that fiduciary)	
А	nicia R. Leon	
_	(Typed or printed name of person signing)	
Р	T	
_	(Title of person signing)	