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COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR	ATION: Hagic	Flooring &	Maintenance Corp.
DOCUMENT NUMB	ER:		
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
-	Sergio	Name of Contact Person	a
		Name of Contact 1 cross	
-		Firm/ Company	····
	326 Ne	29th terr	
	Cape Ce	29th Terr Address Oral Fl 3 City/ State and Zip Code	3909
•	1	City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report i	notification),
For further information	concerning this matter, pleas	e call:	
	Carmma	at (239	, 471-6832
Name o	f Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depar	rtment 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		Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Magic Flooring & Main	tenance Corp.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
(Document Number of Corporation (if	known)
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing

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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 <math>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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	$\frac{\rho}{\alpha}$	Sergio M. Carmona	326 Ne 29th terr Cape Coral #1339
Remove			
2) Change		·····	
Remove			
3) Change Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change Add	diskud-1600 um hidauust-		
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
(·, ,	1-1-4-1-9-1-9
	
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	

The date of each amendment(s) adoption: 5/9/13
Effective date if applicable: (no more than 90 days after amendment file date)
(i.e. i.e. o
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)
(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 $5-9-13$
Signature Al flui
(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)
Sergio Kl. Carmma. (Typed or printed name of person signing)
(Typed or printed name of person signing)
Owner/ President
(Title of person/signing)