P14000100895

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	//State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





600320519266

11/09/18--01017--011 **35.00

2010 NOV -9 AH 11: 54

Clos c 1 VON

COVER LETTER

2010 RCY -9 &411:54

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAGIC KISS TR	AVEL. INC	
DOCUMENT NUM	P1.1000100895		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PATRICK QIN		
		Name of Contact Person	n
	MAGIC KISS TRAVEL INC		
		Firm/ Company	
	5330 WARRIOR LN		
		Address	
	KISSIMMEE,FL,34746		
		City/ State and Zip Cod	e
MAG	GICKISSTRAVEL@GMAIL.	COM	
	-	sed for future annual report	notification)
		·	
For further information	n concerning this matter, pleas	se call:	
PATRICK QIN		347 at (8520532 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

P14	as currently filed with the Florida Dept 200/20895 nt Number of Corporation (if known)	, of State)
Pursuant to the provisions of section 607.1006, Florida S ts Articles of Incorporation:	Statutes, this Florida Profit Corporation ac	lopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A professional corpore	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>		201E HOY
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		1
Name of New Registered Agent		
	(Florida street address)	F
New Registered Office Address:		. Florida
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. I to		(Zip Code) s of the position.

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:

 $P \sim President; \ V \sim Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR \sim Trustce; \ C = Chairman or Clerk; \ CEO \sim Chief \ Executive \ Officer; \ CFO = Chief \ Financial \ Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: <u>X</u> Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	WU. WEN CHUN	11310 S. O.B.T suite #107
Add			ORLANDO, FL, 32837
X 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)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numero i no contained in the antenant i i i i i i i i i i i i i i i i i i i
····	

11/1/2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
11/1/2018	
Effective date <u>if applicable</u> : (no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by	
tvoting groupi	
☐ The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators waction was not required.	thout shareholder action and shareholder
11/1/2018 Dated	
17dicu	 -
Signature	·
(By a director, president or other of	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)
PATR	d name of person signing)
<u> </u>	resident.
(Tid	e of person signing)