P15000052774

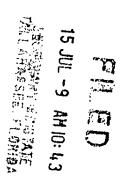
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TO: Amendment Section Division of Corporations					ָר ר
NAME OF CORPORA	TION: MAGIC HAMME	R, CORP			:
DOCUMENT NUMBE				188	7
	Amendment and fee are su	ibmitted for filing.		33(T)	
Please return all correspo	ondence concerning this ma	tter to the following:			
FI	ERNANDO SILVA				
_	11 N N N N N N N N N N N N N N N N N N	Name of Contact Pe	rson		
C	AMPANA GROUPS, INC	rume of contact fe.	13011		
		Firm/ Company			
17	61 W HILLSBORO BLVI	D. #324			
		Address			
D	EERFIELD BEACH, FL 33	3442			
<u></u>	·	City/ State and Zip C	Code		
FERNA	NDO@CAMPANAGROU	PS.COM			
	E-mail address: (to be us	sed for future annual rep	oort notification)		
For further information c	oncerning this matter, pleas	se call:	•		
FERNANDO SILVA		at () 228-0706		
Name of Contact Person		Area	Code & Daytime Telephone Nur	nber	-
Enclosed is a check for the	ne following amount made	payable to the Florida D	Department of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Amend Divisio P.O. Be	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Am Div Clif 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle lahassec, FL 32301		

Articles of Amendment to Articles of Incorporation of

MAGIC HAMMER, CORP (Name of Corporation as currently filed with the Florida Dept. of State) P15000052774 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CYCLE WASH STATION, CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of 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.

<u>X</u> Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jones					
X Add	<u>sv</u>	Sally Sr	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s			
1)Change							
Add							
Remove							
2) Change		_					
Add							
Remove							
3) Change							
Add							
Remove							
4)Change							
Add							
Remove							
5) Change		 -					
Add							
Remove							
6) Change							
Add		_					
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)								
N/A								
						V**		
								
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F. If an	amendment pr	ovides for an exch	ange, reclassifi	cation, or ca	incellation of	issued shares	2	
pro	visions for implicab	lementing the ame	<u>ndment if not c</u>	ontained in	the amendme	ent itself:		
N/A	(3 17	,						
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The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the spartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
07/02/2015 Dated	
Signature	irector, president or other officer – if directors or officers have not been
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	GABRIELA LEANDRO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)