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Office Use Only



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2018 SEP 17 PM 2: 24 RECRETARY OF STATE

C. GOLDEN SEP 1 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR. | ATION: SKY MAGIC INC | • | |
|--|---|---|--|
| DOCUMENT NUMBI | | | |
| | f Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| : | SAMUEL FERREIRA | | |
| _ | ··· | Name of Contact Person | 1 |
| : | SKY MAGIC INC | | |
| - | | Firm/ Company | |
| • | 7945 S. Orange Blossom Tra | • | |
| - | | Address | |
| • | Orlando, FL. 32809 | | |
| _ | | City/ State and Zip Code | 2 |
| | Z2.6.1 | | |
| Samue | @friendsdealercenter.com | sed for future annual report | notition(on) |
| | 15-man address. (to be de | sed for fattire aimital report | nonneation) |
| For further information | concerning this matter, pleas | se call: | |
| Samuel Cecilio Ferreira | | 407 at (| 978-7497 |
| Name of | Contact Person | Area Code & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | irtment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □S43.75 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 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

SKY MAGIC INC

2018 SEP 17 PM 2: 24

(Name of Corporation as currently filed with the Florida Dept. of StateRETARY OF STATE TALLAHASSEE, FL P15000068556 (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: 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." 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 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,

| Example: X Change | PT John | Doc | |
|----------------------------|----------------------|------------------------|---------------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | SV Sally | Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | OLIVEIRA, GUSTAVO | 7945 S. ORANGE BLOSSOM TR |
| X Add | | | ORLANDO, FL 32809 |
| Remove | | | |
| 2) Change | President | MATTOS, LUCIANO SANTOS | 7945 S. ORANGE BLOSSOM TR |
| Add | | | ORLANDO, FL 32809 |
| X Remove | | | |
| 3) Change | Director | DANTAS, CHRISTIAN | 6928 BRESCIA WAY |
| Add | | | ORLANDO, FL 32819 |
| X Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . y | icles, enter change(s) here: (Be specific) |
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| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| | endment if not contained in the amendment itself: |
| (if not applicable indicate M/A) | |
| (if not applicable, indicate N/A) | |

| • | 9/12/18 | |
|---|---|-----------------------------------|
| The date of each amendment(s) ad | loption: | , if other than t |
| ate this document was signed. | | |
| 9/12 ffective date <u>if applicable</u> : | /18 | |
| <u></u> , | (no more than 90 days after amendment file date) | |
| ote: If the date inserted in this b ocument's effective date on the De | lock does not meet the applicable statutory filing requirements, the partment of State's records. | is date will not be listed as the |
| doption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for the amendaticient for approval. | nent(s) |
| | roved by the shareholders through voting groups. The following sweach 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) | |
| action was not required. | pted by the board of directors without shareholder action and share pted by the incorporators without shareholder action and sharehold | |
| action was not required. | ,,, | • |
| 9/12/18 Dated | | |
| | \ | |
| Signature | | - |
| selected | irector, president or other officer – if directors or officers have not label. I, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary) | |
| | LUCIANO MATTOS | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of purson signing) | |