P150000 68556

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SK	Y MAGIC INC	· 	
DOCUMENT NUMBER: P150000	068556		
The enclosed Articles of Amendment		bmitted for filing.	
Please return all correspondence conc	erning this ma	tter to the following:	
FABIANA DE	EBARROS		
	_	Name of Contact Person	n
LEGIT CONS	ULTING SER	VICES LLC	
		Firm/ Company	
6200 METRO	WEST BLVD	201-D	
		Address	
ORLANDO-F	1. 32835		
		City/ State and Zip Cod	e
INFO@LEGITCS.C	OM		
E-mail ad	dress: (to be us	sed for future annual report	notification)
For further information concerning th	is matter, pleas	se call:	
FABIANA DE BARROS		407	2852290
Name of Contact Pers	011	Area Code & Daytime Telephone Nur	
Enclosed is a check for the following	amount made	payable to the Florida Depa	nriment of State:
	Filing Fee & ate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Amend Divisio Clitton	Address Iment Section on of Corporations Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P15000068556	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following an
A. If amending name, enter the new name of the corporation:	}
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must cont
B. Enter new principal office address, if applicable:	N/A
(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 ad	
new registered agent and/or the new registered office addre	<u>:ss:</u>
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	. Florida
	(City) (Zip Code
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
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 tit 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remo Example:	ove, and Sa	lly Smith, SV as an Add.			
X Change	<u>PT</u>	John Doc			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change	P	NATALIE ROMANI FONDACARO	14025 OSPREY LINKS RD		
Add	,		APT 369		
X Remove			ORLANDO, FL 32837		
2) Change	VP	GUSTAVO OLIVEIRA	7945 S. ORANGE BLOSSOM		
Add			ORLANDO, FL 32809		
X Remove					
3) Change	P	ED CHARLES GIUSTI	7190 REGINA WAY		
XAdd			ORLANDO-FL 32819		
Remove					
4) Change	VP	RONALDO ARAUJO	411 LAKE JOHIO DR		
X Add			OCOEE-FL 34761		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

It amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
f an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself:	<u>:S.</u>
(if not applicable, indicate N/A)	
	 -
	_
	

	9/9/2019	
The date of each amendment(s) date this document was signed.	adoption:	<u>.</u> , i
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	 U not∃
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	1
action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
9/9/2019 Dated		
Na. Sign atu re Natabe	talie Romani Fondacaro Romani Fundacaro (Sep 10, 2019)	
solec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	NATALIE ROMANI FONDACARO	
	(Typed or printed name of person signing)	1
	PRESIDENT	
	(Title of person signing)	1