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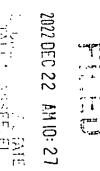
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3/8/2023

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TO: Amendment Section

Division of Corporations

P.O. Box 6327

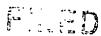
Tallahassee, FL 32314

DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification, For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment



•	10		
	Articles of Inco	orporation	2022 DEC 22 AM 10: 27
LM Magic	¥ looping	INC	STUN
(Name of Cor	poration as currently	filed with the Flor	ida Dept. dEState) SEL. FL
<u> </u>	<u> </u>		
, , , ,	Document Number of	Corporation (if kno	m.11)
ursuant to the provisions of section 607,1006, s Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corpo	oration adopts the following amendment(s
A. If amending name, enter the new name of 5-RACCIA RENOVAL home must be distinguishable and contain the wa	ia IN	C	The new
ame must be assuightshable and contain the wo "Inc.," or "Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	ompany, ar meary professional corpe	waition name must contain the word
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	licable: T.ADDRESS)	Jackson	Eclipse Circle Ville, FL 32258
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u>CE BON</u>)		
. If amending the registered agent and/or r			r the name of the
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent			
	(Florida stre	ret address)	
New Registered Office Address:			, Florida
		(City)	(Zip Code)
'ew Registered Agent's Signature, if changi	ig Registered Agent:		
hereby accept the appointment as registered a	gent. I am familiar w	rith and accept the o	bligations of the position.
	Signature of New Re	rgistered Agent, if cl	nanging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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

•	(Be specific)
·	
F - If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: If (PM DEL 19,2022	
ino more than 00 days, after amendment file dates	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a ction was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	mt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	enent
"The number of votes east for the amendment(s) was/were sufficient for approval-	
by	
(voting group)	
Dated 12-10-2022	
Signature (By a director, president or other officer — if director or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)	
$N \land C \cap C$	
(Typed or printed name of person signing)	
Very per of printed name of person signing?	
(Title of person signing)	
tructor person signing)	