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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Metal Masicians, Inc =
NAME OF CORPORATION: METAL Masicians, Inc.
NAME OF CORPORATION: Metal Masicians, Inc. DOCUMENT NUMBER: P16000081789 The enclosed deticles of Amendment and fee are submitted for filling.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Wiight Name of Contact Person
Metal Masicians Inc
10752 Deerwood Park Blud # 100
Jackson Ville FL 32256 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Wright at (904) 217 9424 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment n

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Metal Magicia	ans Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P160000	81789 3
(Document Number of	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following american to
A. If amending name, enter the new name of the corporation:	SE TO
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc." or Co.," or the designation "Corp.," "Inc." or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10752 Deerwood Park Blud Suite #100
	Jacksonville, FL 32256
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10752 Deerwood Park Blud
	Suite #100
	Incksonville, FL 32256
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Jennifer	A Wiight
10752 Deer	wood Park Blud #100 Jacksonvill
New Registered Office Address: Jackson	City) . Florida 32256
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar wi	ith and accept the obligations of the position.
	gistored Agent, if changing
Signature of New Re	gistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 10752 Deerwood Park
1) Change	D	Michael V Ferrerio	Blud Jacksonville, FC
Add			32256
X Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A	If amending or adding a Attach additional sheets.	if necessary).	(Be specific)				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	• ,						
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(if not applicable, indicate N/A)	<u>If an amendment provi</u>	les for an exch	ange, reclassificat	tion, or cancella	ation of issued :	shares,	
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The date of each amendment(s) adoption: Friday, March 17th 2017. if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Jana Coc 4 Milain 1.7
Tennifer A Wrish+ (Typed or printed name of person signing)
President : CEO
(Title of person signing)