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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:METAL MA	AGICIANS, INC	
DOCUMENT NUMBER	:P16000081789		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
	Jennifer Wright		
		Name of Contact Perso	n
	Metal Magicians, In	nc.	
		Firm/ Company	
	12724 Gran Bay Parl	cway West Ste. 410	
		Address	
	Jacksonville, FL 322	58	
		City/ State and Zip Cod	le .
	jacksonvillewelding904@	igmail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
Jennifer Wright		at (506-3825
Name of C	ontact Person	Area Co) ode & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address		Address
	ent Section of Corporations		Iment Section on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

METAL MAGICIANS, INC.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P1600008	81789
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	To the state of th
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>့်</u>
D. If amending the registered agent and/or registered office add	brass in Marida, anter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
Many Brainsanad Odii ar Iddania	Plant
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
i accept in approximent as registered agent. I am junimar	она инс иссерсте от учить ој те ромион.
Signature of New 1	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	<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>	<u>Addres</u> s
1) Change	VP	Donley, Michael C, Jr.	12724 Gran Bay Parkway W 410
Add			Jacksonville, FL 32258
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) h (Be specific)	 -		
				
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f an amendment provides for an exch	ange, reclassification,	or cancellation of	issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not containe	ed in the amendme	ent itself:	
(i) not appricane, marciae was				
				
			·	

•	Monday, April 9th 2018	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date runent of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statemen ich voting group entitled to vote separately on the amendment(s):	ť
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
4/9 Dated	/18	
Signature	92)	
(By a dire	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	Ifiduciary by that fiduciary)	
	Jennifer A Wright	
_	(Typed or printed name of person signing)	
	President & Chief Executive Officer	
_	(Title of person signing)	·