P17000007122

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SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN - 7 2017

D CHISHING

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: MAGIC FANTAS	SY CORP			
DOCUMENT NUMB	ER: P17000007122				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		JERISON ROJAS	,		
-		Name of Contact Person	n		
		MAGIC FANTASY COR	P		
-	Firm/ Company				
	51 SW 11 ST				
-	Address				
	MIAMI, FL 33130				
•		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JERINSON ROJAS		at (305	863-7772		
Name o	f Contact Person	Area Co	de & 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)		
			A 11		

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 Articles of Incorporation of

	MAGIC FANT	ASY CORP		
(Name o	of Corporation as current	tly filed with the Florida De	pt. of State)	
	P17000	0007122		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendme	ent(s) i
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo		1
, ,		300 NW 191 ST		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33169		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		300 NW 191 ST MIAMI, FL 33169		į
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	v registered office addres ANDREINA ROJAS		ime of the	
	300 NW 191 ST		 	
	`	treet address)	*****	
New Registered Office Address:	MIAMI	(City)	, Florida 33169 (Zip Code)	
New Degistered Agent's Signature if o	honging Degistered A	. .		

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: XChange	<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	P	JERINSON ROJAS	300 NW 191 ST	
Add			MIAMI, FL 33169	
X Remove				
2) Change	P	ANDREINA ROJAS	300 NW 191 ST	
X Add			MIAMI, FL 33169	
Remove				
3) Change	VP	JOSE ANDRE URENA	300 NW 191 ST	
X Add	-		MIAMI, FL 33169	
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)	(Attach additional sheets, if necessary).	(Be specific)
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)	I/A .	
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/A	(if not applicable, indicate N/A)	
	/A	•
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	05/16/2017	·
The date of each amendment(s) date this document was signed.	doption:	, if other than the
05	16/2017	
Effective date if applicable:	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this document's effective date on the E		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	,
The amendment(s) was/were as by the shareholders was/were s	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group reach voting group entitled to vote separately or	
	t for the amendment(s) was/were sufficient for ap	proval
by		, n
	(voting group)	 -
_	lopted by the board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were accarding was not required.	opted by the incorporators without shareholder a	ction and shareholder
Dated	05/15/2017	
select	director, president or other officer – if directors of the diduction of the directors of the diduction of the diduction of the directors of th	r officers have not been ver, trustee, or other court
	JERISON ROJAS	
	(Typed or printed name of person si	gning)
	PRESIDENT	
	(Title of person signing)	