P17000034401

(R	Requestor's Name)		
(A	ddress)		
(A	ddress)		
(C	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	o Filing Officer:		





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07/16/17--01012--023 **35.00



C. GOLDEN

JUL 12 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAGIC SPOT	INC	
DOCUMENT NUMBER: P17000024401		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
KARIMA SMAYOU		
	Name of Contact Person	1
	Firm/ Company	
503 WEST SOUTH STR	<u> </u>	
ORLANDO, FL 32805	Address	
	City/ State and Zip Code	:
a_GBOOKKEEPING@YAHC	00,COM	
E-mail address; (to b	e used for future annual report	notification)
For further information concerning this matter, p	dease call:	
KARIMA SMAYOU	at (352-7100 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount ma	ide payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisic Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 JUL 10 PM 3: 19

MAGIC SPOT INC	Si Siate
(Name of Corporation as c	urrently filed with the Florida Dept. of State) AHASSEE, FLORIDA
P17000024401	7,9
(Document Nu	unber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation " or "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>)
	11.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
iFi	orida street address)
N Day 3 days 4706 ag + 445	. Florida
New Registered Office Address:	(Lip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fo	imiliar with and accept the obligations of the position
Signature	of Nove Rogistored 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; F = 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: <u>X</u> Change	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nam</u>	<u>ıc</u>		Address
1) Change	РТ	КАН	RIMA SMAYOU		503 WEST SOUTH STREET
X Add					ORLANDO, FL 32805
Remove					
2) Change					
Add					
Remove					
3) Change			_		
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
δ) Change					
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
Gillant annticulta indicute M(4)	
(if not applicable, indicate NA)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate NA)	
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this/document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De-	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the hoard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
07-03-26 Dated	017	
	KAZIMA SMONOU	
selecte	tirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	KARIMA SMAYOU	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	