

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

Office Use Only



600317842616

09/04/18--01028--016 **52.50

18 SEP -4 AM 6: 16
SECRETACE OF STAGE
LALLAHASSEE, FLORIDA

SEP 11 2018 S. YOUNG

COVER LETTER

ģ.

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAGIC TOUCH	MAIDS CORP	
DOCUMENT NUM	BER: P17000057653		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ADRIANA TRUJILLO		
		Name of Contact Person	
		Firm/ Company	
	1465 20TH AVE SW		
		Address	
	VERO BEACH, FL 32962		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
ADR	IANATRUJILLO1986@GM	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ADRIANA TRUJILLO		at (643-8448
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amend	Address ment Section
Division of Corporations P.O. Box 6327			n of Corporations Building
Tallahassee, FL 32314			xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

	TO 1 10		~ ~ ~	
MAGIC	11 11 11 11 11	н ман	18 C.C)RP

(Name	of Corporation as curren	tly filed with the Florida Dept. of S	tate)
P17000057653			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation i	
B. Enter new principal office address,	if applicable:	1710 46TH AVE	
(Principal office address <u>MUST BE A S</u>		VERO BEACH, FL 32966	
			100
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1710 46TH AVE	FILE FILE
		VERO BEACH, FL 32966	三 三 至 口
			9.2
D. If amending the registered agent ar new registered agent and/or the ne			the grant of the state of the s
Name of New Registered Agent	ANA B TRUJILLO		
	1710 46TH AVE		
·	(Florida :	treet address)	
New_Registered Office Address:	VERO BEACH	. Flori	ida 32966
The Magnifer Comments.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Ager tered agent. I am familia	nt; r with and accept the obligations of th	te position.
(m	- Trill		
	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.

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	P	MARIO D CRUZ	1176 54TH AVE
Add			VERO BEACH, FL 32966
X Remove			
2) Change	Р	ANA B TRUJILLO	1710 46TH AVE
X Add			VERO BEACH, FL 32966
Remove			
3) Change	VP	ADRIANA TRUJILLO	1465 20TH AVE SW
X Add			VERO BEACH, FL 32962
Remove			
Kemove			
4) Change		 	
Add			
Remove			
S) (Thurston			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<u>.</u>	
 	
	
If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
O8 Effective date <u>if applicable</u> :	3/25/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hv	<u>,"</u>	
	(voting group)	
action was not required.	idopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/25/20	018	
Dated	120	
Signature /	larin Con	
(By a select	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other couninted fiduciary by that fiduciary)	
	MARIO D. CRUZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	