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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: FOWLER WHITE BURNETT P.A. Account Name

Account Number : 071250001512 : (305)789-9200

Phone

: (786)437-4609 Fax Number

S. TALLENT

MAY 1 1 2018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: esalcedo@fowler-white.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN MAGNAT ORLANDO, INC.

Certificate of	0			
Certified Cop	у			0
Page Count	Total	of	5	XXXXX
Estimated Ch	arge			\$35.00

## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATTON:	MAGNAT ORLANDO,	INC.		
DOCUMENT NUMB	ER. P18000035045	<del></del>			
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.			
	pondence concerning this ma	<del>-</del>			
. (0,000 10:0011: 01; 00770)	boundaries concerning and in	atter to the following.			
_	MAURICIO GAMBA NATEL				
		Name of Contact Perso	n		
•	19ስፍ ነን	Firm/ Company	IL CLOOP (HIE)		
•	1393 E	RICKELL AVENUE, 14T	H FLOOK (JRF)		
		MIAMI, FLORIDA 331	131		
-	City/ State and Zip Code				
		, , , , , , , , , , , , , , , , , , ,	•		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
GIL O. ACEVEDO		. 305	. 789-9200		
	f Contact Person	at (	de & Daytime Telephone Number		
			,		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
₩ \$35 Filing Pec	□\$43.75 Piling Pee & 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)		
Mailing Address Amendment Section		Street Address Amendment Section			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment of

Articles of Incorporation MAGNAT ORLANDO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000035045 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. Hamending the registered agent and/or registered office address in Florida, enter the name of the now registered agent and/or the new registered office address: JOHN H. FRIEDHOFF Name of New Revistered Agent 1395 BRICKELL AVENUE, 14TH PLOOR (JHF) (Florida street address) Plorida 33131 MIAMI New Registered Office Address: (Clty) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I heroby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. gnature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the titls 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	PT	John Doc				
X Remove	¥	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	Name	Address			
1) Change	PRES.	MAURICIO GAMBA NATEL	1395 BRICKELL AVENUE			
X Add			14TH FLOOR (JHF)			
Remove			MIAMI, FLORIDA 33131			
2) Change						
Add						
Remove						
3 ) Change						
Add						
Remove						
4) Change		-				
Add						
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5) Change						
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6) Change		<u> </u>				
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The date of each amendment(s) and date this document was signed.	loption:	if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this spattment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pied by the shareholders. The number of votes cast for the amendme findent for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ı meni
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, n	
· • · · · · · · · · · · · · · · · · · ·	(voting group)	
	pted by the board of directors without shareholder action and shareholder.	lder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated MAY	9 . 2018	
DatedX	11,2018	
	rector, president or other officer - if directors or officers have not be	<del></del>
selecte	d, by on incorporator — if in the hands of a receiver, trustee, or other or and fiduciary by that fiduciary)	
••	MAURICIO GAMBA NATEL	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	