P18000062796

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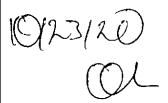


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> 2020 SEP 14 AM 9: 31 SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAGA SOLU	JTIONS INC
DOCUMENT NUMBER: P18000062796	<u> </u>
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ROBERTO MAGARINO	O SERRANO
	Name of Contact Person
ABOVE	
·	Firm/ Company
2066 LAURA LANE	
	Address
WEST PALM BEACH,	FL 33415
	City/ State and Zip Code
ROBERTOMAGARING	D71@GMAIL.COM
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
ROBERTO MAGARINO SERRANO	
	at (786) 804-7554
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MAGA SOLUTIONS INC

2020 SEP 14 AM 9: 31

MAGA SOLUTIONS INC	
(Name of Corporation as	currently filed with the Florida DepSatstanARY OF STATE
P18000062796	TALLAHASSEE, FIL
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ation:
	The new
	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRES.</u>	\underline{S})
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
(F	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
'an Davidson A. and Cinna	A A A
Sew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	
, , , , ,	, , ,
Signature o	of New Registered Agent, if changing
Check if applicable	

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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	\underline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	YONNYS MENDEZ ARMAS	250 N BANANA RIVER DR ATE
X Add	_	-	MERRITT ISLAND, FL 32952
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
D			

(Attach addition	adding additional Ar al sheets, if necessary).	(Be specific)				
						
			· · ·			
<u> </u>						
						•
						
If an amendme	nt provides for an exc	hange, reclassifica	ntion, or cancella	ntion of issued sh	ares.	
tif not app	implementing the am licable, indicate N/A)	endment if not co	ntain <u>ed in</u> the a <u>r</u>	nendment itself:		
	ARINO SERRANO 90	0%				
						
ONNYS MENDI	EZ ARMAS 10%					
				 		
						
-						
		·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(s	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	·,``	
	(voting group)	
09/03/2 Dated	020	
sele	a director, president or other officer – if directors or officers have no cted by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	
	ROBERTO MAGARINO SERRANO	
	(Typed or printed name of person signing)	_
	PRESIDENT	
,	(Title of person signing)	