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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPOR	AATION: FCL /	Management	Inc.	
DOCUMENT NUMB	0	089825		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	Eric Rose FCL Manag	Name of Contact Person	n	
•	2223 Pem	broke Ro	pad	
	1/01/1/	Address		
-	HOllywood,	F_L 3302 City/ State and Zip Cod	£	
<u>.</u>	Howak 1 (a) E-mail address: (to be us	AOL. CON sed for future annual report	notification) (2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	regima como e com
For further information	concerning this matter, pleas	se call:		•
Eric Ro	Senberg f Contact Person		923-8118 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)	
	ing Address		Address ment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation

of
Fal M. I Ta
(Name of Corporation as currently filed with the Florida Dept. of State)
D19000000000000000000000000000000000000
P 10000089823
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
FC1 Management COCP. The many
FCL Magenest Corp. The new 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. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent // /A
1/1A
(Florida street address)
New Registered Office Address: V/A, Florida V/A .
New Registered Office Address:, Florida / City (City) (Zip Code)
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.
1 .
\mathcal{N}/\mathcal{A}
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: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	- NA	
Add		
Remove		
2) Change	A	
Add		
Remove	1	
3) Change		
Add		
Remove	,	
4) Change	NA	
Add		
Remove	1	
5) Change	NA	
Add		
Remove	1	
6) Change	NA	
Add		
Remove		

. If amending or addin (Attach additional shee	g additional Articles ets, if necessary). (1	s, enter change(s) Be specific)	<u>here</u> :		
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I <i>f amanduran</i> t	uidas far an araban.	aa saalaasifiaatism	or concellation	oficewood shores	
If an amendment pro provisions for imple	menting the amendo	ment if not contain	ed in the amendi	nent itself:	
(if not applicable	, indicate N/A)	1			
			·		·
		NA			
		/ 	 .		
		•			
					

The date of each amendment(s) adoption: Nov. 7 2018	, if other than the
date this document was signed.	<u> </u>
Effective date if applicable: NOV. 7 2018	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Hate But	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Helen Barak (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	