P1800003215

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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<u>-</u>
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORATION: Martian Magic Inc	
OCUMENT NUMBER: <u>P18000103215</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Lietta Mayurather Gamble Name of Contact Person	
Markan Magic Inc	
8740 Crestgate Circle	
Mando, Cl 328, 9 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
CHA Mayutor Hur Gan be at (407) 49 6 607 Name of Contact Person Area Code & Daytime Telephone Number	
Inclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amandment Section Amandment Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Martian Magic -	Inc	L. I. Day (68)	
(Name of Corpor	ration as currently filed with the F	lorida Dept. of State)	
- 1,2000103313	Socument Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	·		rendment(s) t
A. If amending name, enter the new name of th	ne corporation:		
		The	e new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp." "I "chartered," "professional association," or the al	Inc," or "Co". A professional co	orporated" or the abbreviation "C	Corp.,"
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	<u>able:</u> <u>4DDRESS</u>)		
			;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	· BA)V		~
(Mutting dutiess STAT BE ATOST OTTICE)	<u></u>		
			
			<u> </u>
D. If amending the registered agent and/or reginew registered agent and/or the new register		iter the name of the	ئ سىد
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code	7
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered agei	nt. I am familiar with and accept th	e obligations of the position.	

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	<u>PT</u> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>y</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address 71.49 W. Colonial De #170B
1) Change	CED	Sammy Gambic 111	7649 W. Colonial Dr #120B Orlando, Fl 32313
Add			
X_ Remove			
2) Change			
Add			
Remove Change			r
Add			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Remove			·
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Tamending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)	
	(
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	
	

• • •

The date of each amendment(s) ad date this document was signed.	option: 12/19/2023	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	fill not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adoption was not required.	nted by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	evoved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 12 1	9/2023	•
Dateu	11-000-	; 5
Signature K	Ha Maria Dec	(
(By a dir	ector, president or other officer - if directors or officers have not been	<u></u>
	by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiduciary)	:
арроппе		-
d	Sigha Manusather Ganter	• •
r	(Typed or plinted name of person signing)	
\widehat{I}	President	
	(Title of person signing)	

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