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Amend

AUG 1 8 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: MAGNUM Q.O.O. SEVVICES COY DOCUMENT NUMBER: PRODUCT 19474
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Manuage Of Services Firm/ Company Address Holywood, Flag 33020 City/ State and Zip Code Mognumy O. delivices and Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

MAGNUM G.O.D. SERVICES, CORP

MAGNUM G.O.D. SERVICES, CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	•
019000019474	
Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amendment(s) t
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "chartered," "professional association," or the abbreviation "P,A."	ntain the word
B. Enter new principal office address, if applicable: (Principal office uddress MUST BE A STREET ADDRESS) OPE OVA F	14 14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2145 COVO., 33914	1-7- 39th 5t Fl
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 \(\)	
New Registered Office Address: Florida (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 positi	on. 2729 C
Signature of New Registered Agent, if changing	
Check if applicable	<u></u>
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	8: -

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>	John Do	<u>u</u>					
X Remove	<u>V</u>	Mike Jor	<u>ies</u>					
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Ad</u>	<u>ldres</u> s		
1) Change	VV	2 (andina	Miloaro	S 🗲	512 N	170	W
Add			Perez	Gonzal		toly	NOCO	<u>_</u> C
Remove			1(100	C /		330	20	_
2) Change		_	 			 		_
Add								_
Remove 3) Change					_			<u>-</u>
Add								_
Remove								_
4) Change		_						_
Add								_
Remove								_
5) Change		<u> </u>						_
Add								_
Remove								-
6) Change								<u> </u>
Add								_
Remove								

Attach a	ding or adding additi additional sheets, if nea	onal Articles, enter zessary). (Be speci	change(s) here: fic)			
	Ren Due To	lovinci +8 Flori	Vp ner da A	From not nytima	Corporeturn	rationing
<u>provisi</u>	nendment provides fo ions for implementing not applicable, indicat	the amendment if r	essification, or car	ncellation of issued he amendment itse	shares, lf:	

• • • • • • • • • • • • • • • • • • • •	MA	•
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:	6 24 202C	
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does document's effective date on the Department		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of director	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		es cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voting		
"The number of votes cast for the an	nendment(s) was/were sufficient for	approval
by	N/#.	``
(ν	oting group)	
Dated	24/20	
Signature	Illa	 -
(By a director, pro- selected, by an in	esident or other officer – if directors acorporator – if in the hands of a rece ary by that fiduciary)	
	Yaret Villo	ivicencio
	(Typed or printed name of person s	signing)
	Presid	en+ .
	(Title of person signing)	 -