## P19 0000 19474

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200369811222



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MACHUM GOD SERVICES COY DOCUMENT NUMBER: P190000 19474				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person  Magnum God Services Corp  Firm/ Company  398+  Cope Coral Glass  City/ State and Zip Code  Magnum God Services  E-mailladdress: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (786) 281 - 0393  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status (Certificate of Status Certificate of Status Certificate Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED
2021 JUL 12 PM 12 40

## Articles of Amendment to Articles of Incorporation of

Magnum G.O.D Service	es Corp
(Name of Corporation as currently f	iled with the Florida Dept. of State)
21900001	1474
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
New Registered Office Address: (Florida street	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg.  Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	istered Agent, if changing . 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)

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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	_ <u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name Address	
1) Change	5	Rusland Jimenez Perez	<b>Z</b> -1
Add Remove		Cope Coral, Fl	ا ل -
2) Change		33914	_
Add			_
Remove 3) Change			- -
Add			_
Remove			-
4) Change			_
Add			_
Remove			-
5) Change		<del></del>	_
Add			_
Remove			-
6) Change			_
Add			_
Remove			_

If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)				
20	MOVIM	<del></del>	nd Jin	nenez	Pere:
	2xte Ctul	7.8.	2021.		
			· ·		
				· · · · · ·	
				<u>-</u>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or candment if not contained in	ncellation of issue the amendment its	d shares, elf:		
(y ma appreciate, material conf		N	A		
		<u> </u>		<del></del>	

.

The date of each amendment(s) ado date this document was signed.	ption: NA.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after a	mendment file date)
<b>Note:</b> If the date inserted in this blo document's effective date on the Department		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of direct	tors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of volcient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting grach voting group entitled to vote separate	roups. The following statement ly on the amendment(s):
"The number of votes east fo	or the amendment(s) was/were sufficient for	or approval
by	(voting group)	``
selected.	ector, president or other officer – if director by an incorporator – if in the hands of a red fiduciary by that fiduciary)	
_	Vanet Villa	vicencio
	(Typed or printed name of perso	on signing)
_	President	
	(Title of person signing)	