P19 0000 36890

(Reque	stor's Name)	
(Addres	is)	
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(City/St	ate/Zip/Phone i	#)
PICK-UP] WAIT	MAIL
(Busine	ess Entity Name	e)
(Docum	nent Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filin	a Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations MARMAG CONSUlTIMGINC. P19000036890 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAGALIS NECEGA

Name of Contact Person MAKMAG CONSULTING, INC

Firm/ Company

15040 SW 156 AVE

Address

MIAMI, F1 33196

City/ State and Zip Code MAGGIENECEGAR YAHOO. COM / E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAGALIS NECE BA at (786) 317-3635

Name of Contact Person Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment

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Articles of Incorporation

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MARMAG CONSULTING INC (Name of Corporation as currently filed with the Florida Dept. of State) P 190000 36890 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p." "Inc." or "Co". A pro	ny," or "incorporated" or	r the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		N/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	NA	SECRETARY OF
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		da, enter the name of the	R 8: 14
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.			

Page 1 of 4

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 <math>P7D.

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, Saily 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		_ N/B	-
Add		ı	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<i>a c c c c c c c c c c</i>			
6) Change	-		
Add			
Remove			

(Attach additional s.	heets, if necessary). (Be specific)
	
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If an amendment p	provides for an exchange, reclassification, or cancellation of issued shares.
(if not applica	plementing the amendment if not contained in the amendment itself: able, indicate N/A)
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The date of each amendment(s) adoption date this document was signed.	otion:	NA		, if other than the
Effective date if applicable:	(vo ma	M/A	amendment fil: date)	
Note: If the date inserted in this bloc document's effective date on the Depar	rk does not meet t	the applicable statuto		
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		ders. The number of	votes cast for the amendr	nent(s)
☐ The amendment(s) was/were appromust be separately provided for ea				
"The number of votes east for	the amendment(s	was/were sufficient	for approval 	
···	(voting grau	p)	·	
The amendment(s) was/were adopte action was not required.	ed by tha board of	directors without shar	reholder action and share	cholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorpora	ntors without sharehol	der action and sharehold	er
Dated	-15- R	lis Nocog		
Signature	Mass	lis News	a	
selected, t	ctor, president or o	if in the hands of a	tors or officers have not i receiver, trustee, or other	
	MA	GA/IS N	IECE GA	
_	(Typed or	r printed name of pers	on signing)	
	Pres	edent		
-		(Title of person sig	ning)	