PZO 0000 44196

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MAGUI ALTERA	TIONS, INC				
DOCUMENT NUMB	ER: P20000044196					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
}	MAGALYS RONDON RAM	11REZ				
-		Name of Contact Person	1			
į	MAGUI ALTERATIONS, IN	∛C				
		Fir m/ Ger ipany				
•	HOMESTEAD RD N					
-		Address				
1	LEHIGH ACRES FL 33936					
		City/ State and Zip Code				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
MAGALYS RONDON	URAMIREZ	at (²³⁹	810-8705			
Name of	f Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made i	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment Articles of Incorporation of

MAGUI ALTERATIONS, INC

(!vaine	of Corporation as currently filed with the Florida Dept.	of State)
P20000044196		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ado	pts the following amen
A. If amending name, enter the new n	ame of the corporation:	
		The
	n the word "corporation," "company," or "incorporated" o Corp," "Inc," or "Co". A professional corporation nat " or the abbreviation "P.A."	
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S		
	<u></u>	
C. Enter new mailing address, if appl	icable:	197
(Mailing address MAY BE A POST		<u> </u>
		٦ ١
		of the
D. If amending the registered agent ar	nd/or registered office address in Florida, enter the name	e of the
new registered agent and/or the ne		
Name of New Registered Agent	MAGALYS RONDON RAMIREZ	
	9 HOMESTEAD RD N	
	(Florida street address)	
New Registered Office Address:	LEHIGH ACRES	Florida 33936

New Registered Agent's Signature, if changing Registered Agent:

1 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; Cl Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oe</u>					
X Remove	<u>v</u>	Mike Jones						
<u>X</u> Add	<u>\$V</u>	Sally \$1	Sally Smith					
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s				
1) X Change	P		MAGALYS RONDON RAMIREZ	9 HOMESTEAD RD N				
Add				LEHIGH ACRES FL 33936				
Remove								
2) Change								
Add								
Remove 3) Change		_						
Add								
Remove								
4) Change		_						
Add								
Remove								
5) Change		_	···					
Add								
Remove								
6) Change		_						
Add								
Remove								

Attach addition	r <mark>adding additio</mark> nal sheets, if nece	ssarv). (Be s	pecific)				
	·						
							
							
···-							
-	•••			**			
							<u> </u>
				-			
			-				
<u>f an amendm</u>	ent provides for	an exchange, r	<u>eclassification</u>	on, or cancell	<u>lation of issu</u>	<u>ied shares,</u>	
provisions for	implementing t	he amendmen	if not conta	ined in the a	<u>mendment i</u>	<u>tself:</u>	
(if not app	licable, indicate	N/A)					
 -							
-					 		
							
<u>-</u>						 .	
	· · · · · ·				<u> </u>		
							-

The date of each amendment(s)	adoption:	, if ot
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this c	late will not be
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder ac-	tion and shareho
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
06/19/20 Dated	20	
Signature	Beelew	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other continted fiduciary by that fiduciary)	
	MAGALYS RONDON RAMIREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . .