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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SPECTRO MAGIC	CTRAVEL	
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA FERNANDA NADA	Al.	
		Name of Contact Persor	1
	OWNER / SPECTRO MAGI	CTRAVEL	
	<del></del>	Firm/ Company	<del></del>
	6039 COLLINS AVE SUITE	• •	
		Address	
	MIAMI BEACH FLORIDA	33140	
		City/ State and Zip Code	
	fernanda@fullofdreams.trave	·I	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		
Maria Fernanda Nada	1	at (	_) 328-6058
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
<b>\$</b> \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SPRECTO MAGIC TRAVEL CORP	·		
	as currently filed with the Flo	rida Dept. of State)	
P21000008897			
	t Number of Corporation (if kno		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corpo	oration adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corp.	oration:		
			The new
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	r "Co". A professional corp	porated" or the abbrevi oration name must coi	ation "Corp." itain the word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS )		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
		·	
D. If amending the registered agent and/or registered		er the name of the	
new registered agent and/or the new registered off	<u>ice address;</u>		*
Name of New Registered Agent			<del></del> :
	(Florida street address)		•
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)		Lip Coder
			6
			, J
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent:	.klimations of the moiti	
т петепу ассері те арротитені ах гедімегеа адені. Та	m jamatar wan ana accept the (	nnigations of the positio	m,
Signatue	re of New Registered Agent, if c	hanging	<del></del>
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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; CEO = 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	DACOSTA, FRANK	6039 COLLINS AVE STE 1111
Add			MIAMI BEACH, FL 33140
X Remove			
2) Change	P	NADAL, MARIA FERNANDA	6039 COLLINS AVE STE 1111
X Add			MIAMI BEACH, FL 33140
Remove 3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	adding additional Artal sheets, if necessary).	(Be specific)				
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fan amandma	nt provides for an exc	hanna raelassit	Seation or car	ncallation of iv	cued shares	
provisions for	implementing the am	endment if not	contained in the	he amendmen	itself:	
(if not appl	licable, indicate N/A)					
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	, —	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendments)	alement :
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
FEBRU/ Dated Signature	ARY 10TH, 2021	
(By a selec	director, president or other officer - if directors or officers have not ted, by an incorporator - if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	FRANK DA COSTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	