## P21000024167

(Requestor's Name)	
(Address)	
(Address)	900373092769
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	2021 SEP
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAGSIL EXPRE	SS, INC.		
	BER: P21000024167			
	of Amendment and fee are su	bmitted for filing.		
Please return ali corre	spondence concerning this ma	atter to the following:		
	Samson Goes			
		Name of Contact Person	n	
		Firm/ Company		
	5511 9th St N			
		Address		
	St. Petersburg, FL 33703			
		City/ State and Zip Cod	е	
	samsongoes@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Samson Goes		at ( 813	900-9087	
Name of Contact Person		at (813 ) 900-9087  Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Amend	Address ment Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MAGSIL EXPRESS, INC.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P21000024167	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," c" chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
	. 7
C. Enter new mailing address, if applicable:	20
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	) (i
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
	nee adult 33.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
•	
New Registered Agent's Signature, if changing Regist	ered Agent:
I hereby accept the appointment as registered agent. I a	un familiar with and accept the obligations of the position.
Signatur	re 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, 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	Rep	Jackson Rodrigues	5511 9th St N
Add			St. Petersburg, FL 33703
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			<del></del>
Remove			
4) Change	H <del>all</del> t		
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
<u> </u>				<del></del> _	
If an amendment provi	dae far an arah	anna madaccificatio	on or sonsollation	n of icenad charge	oe.
provisions for implement (if not applicable, i	enting the ame	idment if not conta	ined in the amer	dment itself:	<del></del>
(if not applicable, i	ndicate N/A)				
			<u>.</u>		

The date of each amendment(s) ac date this document was signed.	option:	, if other than the
ū		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man so days after dimenument file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the am fficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
bv	9	
	(voting group)	
Dated	09/14/21	
selected	rector, president of utilar officer – if directors or officers have a by an incorporator if in the hands of a receiver, trustee, or old fiduciary by that fiduciary)	not been other court
	Samson Go	લ્ડ
	(Typed or printed name of person signing)	-
_	Dresident	
	(Title of person signing)	