P23000028382

(Req	uestor's Name)	
(Add	ress)	· ·
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
/Pue	iness Entity Nam	<u></u>
(Bus	iness ⊏nuty ivam	e)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: THE MAGIC IS I	N YOU CORP	
	UMBER: P23000028382		
The enclosed Arr	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	YUNAY D ESCOBAR		
		Name of Contact Person	1
	-	Firm/ Company	
	8941 SW 172ND AVE APT	1318	
		Address	
	MIAMI, FL 33196		
		City/ State and Zip Code	2
	YUNAY.ESCOBAR23@GN	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further infor	mation concerning this matter, pleas	se call:	
YUNAY D ESC	COBAR	at (⁷⁸⁶	3819874
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing F	ee	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation of

THE MAGIC IS IN YOU CO	ORP)
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(Name of Corporation as currently filed with the Florida Dept. of State)		
P23000028382 (Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amen	.dment(:
A. If amending name, enter the new name of the corporation:		
ACHIEVEMENT ALLIES CORP.	The	new
name must be distinguishable and contain the world 'completeness," "company "or incorporated" or the abbreviation, "or Co.," or the designation "Corp," "Inc," or "Co". A projessional corporation name must co "chartered," "professional association," or the abbreviation "P.A."	AstronoCor miana hii A	กุก . " พ.วกณ์
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
	~	
C. Enter new mailing address, if applicable:	ယ	
(Mailing address MAY BE A POST OFFICE BOX)	20 No	
		··
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	6: 36	:-
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:, Florida,	(Zip Code)	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the post	ition.	
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, 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.

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
1) Change		<u> </u>	
Add			
Remove			
2) Change		_	_
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	_
Add			
Remove			
5) Change	****		
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an	ı exchange, recl	assification	or cancella	<u>tion of issue</u>	d shares.	
provisions for implementing the	<u>e amendment ii</u>	not contain	ed in the am	<u>endment its</u>	self:	
(if not applicable, indicate N	/A)					
			<u>-</u>			

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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 a	fter amendment file date)
Note: If the date inserted in the document's effective date on the		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number sufficient for approval.	r of votes cast for the amendment(s)
	approved by the shareholders through vo for each voting group entitled to vote sep	
"The number of votes of	ast for the amendment(s) was/were suffic	ient for approval
by		
	(voting group)	
Dated <u>04</u>	18/2023 ·	
(By	a director, president or other officer – if of other by an incorporator – if in the hands ointed fiduciary by that fiduciary)	
	YUNAY D. ESCOBAR	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	

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