# P23 0000 45640

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Carrielledentine	Site - Office
Special Instructions to	riung Onicer.
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	RPORATION: Magenta Solution	s Inc.		_	
DOCUMENT N	D22000045640			<del>_</del>	
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.			
Please return all	correspondence concerning this ma	tter to the following:			
	Sheila Josil				
		Name of Contact Persor	1		
	Magenta Solutions Inc				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	938 SW Provincetown Land	e			
		Address			<del>,</del> ;
	Port Saint Lucie, FL 34953				15.
		City/ State and Zip Code	С	·: -	٠.
	sjosil@magentasolutionsin	c.com			-
	E-mail address: (to be us	sed for future annual report	notification)	_	
				, . 1	
For further infor	mation concerning this matter, pleas	se call:		•	
Sheila Josil		561	223-5014		
Ŋ	Name of Contact Person		de & Daytime Telephone N	lumber	
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing F	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)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	310	
		Lallaha	ssee FL 32303		

# **Articles of Amendment** to

	Articles of fi		
Magenta Solutions Inc.			
( <u>Name o</u>	f Corporation as curren	tly filed with the Flo	orida Dept. of State)
Magenta Solutions Inc.			
	(Document Number	of Corporation (if kn	own)
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corp	poration adopts the following amendment(s)
. If amending name, enter the new na	ıme of the corporation:		
A			The new
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,"	Sorp," "Inc," or "Co".	A professional corp	
B. Enter new principal office address, Principal office address MUST BE A ST		NA ————————————————————————————————————	
			260
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA —	
			. ω 
			11.4 · · · · · · · · · · · · · · · · · · ·
If amending the registered agent an new registered agent and/or the nev	<u> </u>		- 00
Name of New Registered Agent	NA NA		
	NA		
	(Florida s	treet address)	
New Registered Office Address:	NA		NA , Florida
New Registered Office Address:			

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

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

NA 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)

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; 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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sheila Josil	938 SW Provincetown Lane
X Add			Port Saint Lucie, FL 34953
Remove			
2) Change			7.697
Add			
Remove 3) Change			- <u>-                                  </u>
Add			
Remove			- 29
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here	· ·
(Attach additional sheets, if necessary). (Be specific)	
NA	
	20
·	ميا ج
	ر المام ا المام المام ال المام المام ا
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	··· •
<del></del>	
F. If an amendment provides for an exchange, reclassification, or	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	in the amendment itself:
NA	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·

•	7/13/2023	
The date of each amendment		, if other than the
date this document was signed.		
	7/13/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
	nis block does not meet the applicable statutory filing require e Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	e approved by the shareholders through voting groups. The fold for each voting group entitled to vote separately on the amend	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by NA		
	(voting group)	
7/13/2 Dated Signature	Mi ala	202
(B)	a director, president or other officer – if directors or officers heeted, by an incorporator – if in the hands of a receiver, trustee pointed fiduciary by that fiduciary)	, or other court
	Sheila Josil	$\omega = \omega + \omega$
	(Typed or printed name of person signing)	
	Registered Agent / President	: (O
	(Title of person signing)	