## P98000082172

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Amenda

## **COVER LETTER**

TO: Amendment Section

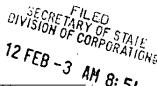
NAME OF CORPORATION: Magna Construction Inc.  DOCUMENT NUMBER: P9800082172  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Cristina Tourind  Magna Construction Inc.  Firm/ Company  P.O. Box 327418  Address  F1. Laudu/clack F1 3337P  City/ State and Zip Code  Magnaflet and Incommendation concerning this matter, please call:  Cristina Tourind  Name of Contact Person  Tourind  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)	Division of Corporations
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Please return all correspondence concerning this matter to the following:  Cristina Touring  Name of Contact Person  Magna Construction Inc.  Firm/ Company  P.O. Box 327418  Address  Flaudydak Flaganal Com  City/ State and Zip Code  Magnaflet and Zip Code  Magnaflet and Zip Code  E-mail address: (to be used for future innual report notification)  For further information concerning this matter, please call:  Oristina Touring  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy)	DOCUMENT NUMBER: <u>P9800082172</u>
Cristina Touring  Name of Contact Person  Magna Construction Inc.  Firm/Company  P.O. Box 327418  Address  Ft. (audivalate F1 33778  City/ State and Zip Code  Magnaflet and Zip Code  Magnaflet and Zip Code  E-mail address: (to be used for future Innual report notification)  For further information concerning this matter, please call:  Oristina Touring  Name of Contact Person  at (954)  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  (Additional Copy is Certified Copy  (Additional Copy)  (Additional Copy)	The enclosed Articles of Amendment and fee are submitted for filing.
Name of Contact Person  Magna Construction Inc.  Firm/ Company  P.O. Box 327418  Address  File Laudadale Flagorial Com  City/ State and Zip Code  Magnaflet and Zip Code  Magnaflet and Zip Code  E-mail address: (to be used for future innual report notification)  For further information concerning this matter, please call:  Oristina Tourino  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  (Additional Copy is Certificate of Status (Additional Copy is (Additional Copy is (Additional Copy is (Additional Copy is Certified Copy (Additional Copy is (Additional Copy is Certified Copy Certified Copy (Additional Copy is Certified Copy Certified Copy (Additional Copy is Certified Copy Certified Copy Certified Copy (Additional Copy is Certified Copy (Additional Copy is Certified Copy Certified C	Please return all correspondence concerning this matter to the following:
Magna Construction Irc.  Firm/Company  P.O. Box 327418  Address  Fit Laudardak Fl 3377P  City/ State and Zip Code  Magnaflet and Tip Com  E-mail address: (to be used for future innual report notification)  For further information concerning this matter, please call:  Oristina Journo  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy is Certified Copy  (Additional Copy is Certified Copy  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy  (Additional Copy	
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Address  Figure 1 3377 D  City/ State and Zip Code  Magnafic + agmail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Oristina Durino  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee  S43.75 Filing Fee & S22.50 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is Certified Copy  enclosed)  (Additional Copy	<b>△</b>
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\$35 Filing Fee Certificate of Status (Additional Copy enclosed)  \$43.75 Filing Fee & Certificate of Status (Additional Copy (Additional Copy))	Name of Contact Person Area Code & Daytime Telephone Number
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy	Enclosed is a check for the following amount made payable to the Florida Department of State:
	Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
Mailing AddressStreet AddressAmendment SectionAmendment Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	·

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Magna Construction, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Opalocka, Fl 33054 C. Enter new mailing address, if applicable: P.O. BOX 327418 (Mailing address MAY BE A POST OFFICE BOX) Ft. Lauderdak F133332 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: NIA Name of New Registered Agent (Florida street address) New Registered Office Address:

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 position.

Signature of New Registered Agent. if changing

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
Change X Add Remove	_V	Cristina Tourino	18361 SW 55 Street SW Marches, F1 33231
2) Change Add Remove		NIV	
3 ) Change Add Remove		N/h	
4) Change Add Remove		N/H	
5) Change Add Remove		N/M	
6) Change Add Remove		N/A	

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)	s) here: NA
	n <del></del> e	
if an amendment provides for an exch	ange, reclassificati	on, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)		ained in the amendment itself:
(y noi appricable, maleule 1474)		NIA
		11
<u> </u>		<u></u>
	<u></u> .	

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 130 12  Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mitchell Journo (Typed or printed name of person signing)
President (Title of person signing)