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SECRETARY OF STATE

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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GARDEN OF GOLD INC DOCUMENT NUMBER: P14000077740 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ESPERANZA ABULABAN Name of Contact Person AWWAD & ASSOCIATES TAX & ACCOUNTING Firm/ Company 1624 A METROPOLITAN CIRCLE Address TALLAHASSEE, FL 32308 City/ State and Zip Code EABULABAN@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ESPERANZA ABULABAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

GARDEN OF GOLD INC	2021 MAR 22 AM 11-12		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P14000077740	SECRETARY OF STATE		
(Document Number	of Corporation (if known) LAMASSEE, FL.		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	1412 ALABAMA STREET		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TALLAHASSEE, FL 32304		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1412 ALABAMA STREET		
(Manning analysis)	TALLAHASSEE.FL 32304		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address			
			
Name of New Registered Agent	<u> </u>		
(El wide	street address)		
	neet aaaress)		
New Registered Office Address:	, Florida (7in Code)		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	<u>1t:</u> r with and accept the obligations of the position.		
-			
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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	SALEH HALLOUM	1412 ALABAMA STREET
X Add			TALLAHASSEE, FL 32304
Remove			
2) X Change	VP	RANA HAMDEH	2350 PHILLIPS ROAD APT 2111
Add			TALLAHASSEE, FL 32308
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A Attach additional sheets, if necessar	v). (Be specific)			
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f an amendment provides for an e provisions for implementing the a	xchange, reclassific	cation, or cancel	lation of issued shar	res,
(if not applicable, indicate N/A)	mendment ii not C	ontained in the a	menument itsen:	

		-		
				

	02/12/2021	
The date of each amendment(s date this document was signed.	adoption:	if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	reholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follower or each voting group entitled to vote separately on the amendates	
"The number of votes of	st for the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
03/10/20 Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers ha ted, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	SALEH HALLOUM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	