# N10000009896

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Amendicus 11/24/10

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Gold N Angel	s Charity, Inc.		
DOCUMENT NUM	BER: N1000000896			
The enclosed Articles	of Amendment and fee are su	omitted for filing.		
Please return all corre	spondence concerning this ma	ter to the following:		
		er David Meyers		
	(Name of	Contact Person)		
	Gold N Ar	gels Charity, Inc.		
	(Firm	1/ Company)		
		NE 2nd CT		
	(	Address)		
	Miam	ni, FL 33161		
· <del></del>	<del></del>	te and Zip Code)		
		e@hotmail.com		
	E-mail address: (to be use	ed for future annual re	port notificatio	n)
For further information	n concerning this matter, pleas	e call:		
Christopher David	Mevers	at ( 786 )	398-9733	
<del></del>	of Contact Person)	/		Telephone Number)
Enclosed is a check fo	or the following amount made p	payable to the Florida	Department of	State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Certified Copy (Additional copy enclosed)		☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Ad		,
	dinent Section on of Corporations		ent Section of Corporations	
	Box 6327	Clifton B		
	assee, FL 32314		cutive Center Ci	rele

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

# Gold N Angels Charity, Inc.

## (Name of Corporation as currently filed with the Florida Dept. of State)

# N1000000896

(Document Number of Corporation (if known)

. If amending name, enter the new name of	the corporation:	
	<del></del>	
he new name must be distinguishable and conbbreviation "Corp." or "Inc." <b>"Company" or</b>		
8. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u></u>	
	<del></del>	<del></del>
If amonding the periotenal accust and for the		
<ol> <li>If amending the registered agent and/or re new registered agent and/or the new regist</li> </ol>		enter the name of the
		····
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	
	(Florida street address) (City)	, Florida (Zip Code)
	(City)	

# 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Christopher David Meyers	14420 NE 2nd CT Miami, FL 33161	☐ Add ☐ Remove
<u>VP</u>	Betty Jean Winchell	3517 Polk Street Apt 4 Hollywood, Florida 33021	☑ Add ☐ Remove
D	Axel Waldemar Hinsch	c/o Sunandmore-Consulting 28 NE 17 Way #3 Fort Lauderdale, FL 33304	. ☑ Add . ☐ Remove
E. If amendi	ng or adding additional Articles, enter of the specific onal sheets, if necessary). (Be specifically additional sheets).	change(s) here:	
	·		

The date of each amendmen	t(s) adoption: 11/15/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment( $s$ ) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 11/1	5/2010
Signature	Christoph D Meyers
hav	the chairman or vice chairman of the board, president or other officer-if direct to not been selected, by an incorporator — if in the hands of a receiver, trustee er court appointed fiduciary by that fiduciary)
	Christopher David Meyers
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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