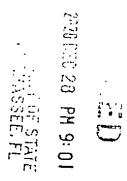
POI 000043064

(R	equestor's Name)	
(Ā	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOLDEN SANDS	GENERAL CONTRACTO	ORS, INC.		
DOCUMENT NUMB	ER: P01006043064				
The enclosed Articles of	of Amendment and fee are sub	omitted for tiling.			
Please return all corres	pondence concerning this mat	ter to the following:			
	ODRIS IZQUIERDO				
•		Name of Contact Person			
	GOLDEN SANDS GENERAL CONTRACTORS, INC.				
		Firm/ Company			
	800 SOUTH DOUGLAS ROA	AD, SUITE 790			
		Address			
	MIAMI, FL 33134				
		City/ State and Zip Code	•		
	ODRIS.IZQUIERDO@GOLI	DENSANDSGC.COM			
	•	ed for future annual report	notification)		
For further information ODRIS IZQUIERDO	n concerning this matter, pleas		697-6300		
	of Contact Person	at (Area Coo	de & Daytime Telephone Number		
	r the following amount made p				
S35 Filing 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current)	y filed with the Florida Dept. of State)		
P01000043064			
(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the to	llowing amendm	ient(s) to
A. If amending name, enter the new name of the corporation:		The nev	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", z "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must	reviation "Corp.,	••
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:			•
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		, co	
		SE 64 PH	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		PIE O	
Name of New Registered Agent			
(Florida str	cet address)		
New Registered Office Address;	, Florida_	(Zip Code)	
	,,	(supplied supplied su	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	$rac{i}{2}$ with and accept the obligations of the pos	sition.	
Signature of New R	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:

tAttach 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; N | Secretary; D | Director; TR | Trustee; C | Chairman or Clerk; CEO | Chief Executive Officer; CFO | Chief Einancial 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 monner. 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	$\overline{\mathbf{b}.\mathbf{l}}$	John De	<u>)e</u>	
X Remove	<u>Y</u>	Mike Jo	nies	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	CFO	_	MICHAEL KOLBERT	2500 NW 39TH ST
Add				MIAMI, FL 33142
X Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				-
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if i	necessary). (Be specific)		
		·	
	- · · · · · · · · · · · · · · · · · · ·		
			··
		- · · · · · · · · · · · · · · · · · · ·	
If an amendment provides	for an exchange, reclassification	or cancellation of issued sh	arres.
provisions for implement	ing the amendment if not contain	ed in the amendment itself:	
(if not applicable, indi	cate N/A)		
	··-		
1.7751			
		·	
		<u> </u>	
			

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The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Enective date in applicame.	(no more than 90 days after amendment file dater	**************************************
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment afficient for approval.	3(5)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other controls.	
	(ed fiduciary by that fiduciary)	
	THOMAS BURKET	
	(Typed or printed name of person signing)	
	DIRECTOR OF FINANCE	

(Title of person signing)