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## COVER LETTER

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TO: Amendment Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Goliath Enterprises Inc DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Padovan Name of Contact Person **Goliath Enterprises Inc** Firm/ Company 5901 Sun Blvd, Ste 202 Address St. Petersburg, FL 33715 City/ State and Zip Code djscpa1@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) Area Code & Daytime Telephone Number David Padovan Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

**Clifton Building** 

2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation oſ

Goliath Enterprises Inc

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

P03000062928

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(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:

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N/A			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tion "Corp," "Inc." or "Co"	A professional corporation nam		
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>	applicable:	\$/A		
C. <u>Enter new mailing address, if applied (Mailing address MAY BE A POST)</u>		N/A	TALLAND II	
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the name of the	PHZ: 3	—m O
Name of New Registered Agent	N/A			
New Registered Office Address;	(Florida street a	ddress) . Florida		
<u>New Regimerea Office Address</u> .	(Ciţ)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

# It 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:

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<u>X</u> Change	<u>lot T9</u>	<u>in Doe</u>	
X Remove	Y. Mi	ke Jones	
<u>X</u> Add	<u>SV Sal</u>	lly Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
L) Change	Director	Walter Padovan	5901 Sun Blvd, Ste 202
Add			St. Petersburg, FL 33715
X Remove			
2) Change	Director	Marco E. Padovan	5901 Sun Blvd. Ste 202
X Add			St. Petersburg, FL 33715
Remove			
3.) Change		<u> </u>	
Add			
Remove			
4) Change		<u>.                                    </u>	
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E.	If amending or adding	additional Articles, enter change(s) here:	
	(A. ). (1): ( ) ( )	- 10 A (D 10 A	

(Attach additional sheets, if necessary). (Be specific)

N/A

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> F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

> > \_\_\_\_

N/A

	8/2/2017
The date of each amendment(s)	adoption:, if other than
date this document was signed.	2/2017
or Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
08/2/201	7
Dated	
Signatura	aturn and
Signature (By a	director, president or other officer - if directors or officers have not been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	David Padovan
	(Typed or printed name of person signing)
	President-Director
	(Title of person signing)