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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lucia Farina Name of Contact Person Golu, Inc. Firm/ Company 18702 SW 74 Ct. Address Miami, Fl. 33157 City/ State and Zip Code warlock333333@aoi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose D. Farina, Sr. 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 enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

Golu, Inc.			
(Name o	of Corporation as curren	tly filed with the Florida De	pt, of State)
P04000031269			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation
R Enter new principal office address	if applicable:	19301 SW 106 Ave.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Suite 14	
		Miami, Fl. 33157	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18702 SW 74 Ct.	
	(maining dualess MAT DE ATOST OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the ne			ame of the
Name of New Registered Agent	Jose D. Farina, Sr.		
	18702 SW 74 Ct.		
	(Florida .	street address)	, i de la completation de la com
New Registered Office Address:	Miami		33157 Florida
<u>New Regisierea Office Adaress</u> .		(City)	Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age tered agent. I amfamilia	nt: r with and accept the obligation	ons of the position.
$Q_n$		uni. Si.	
	Signature of New	Registered Agent, if changing	D . T
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## 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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change				
Add				
Remove				
2) Change				
Add		_	·	
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
remove				
5) Change		<del></del>		
Add				
Remove				
6) Change				
Add		<del></del>		
Add				

	(Be specific)			
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				<del>,</del>
			<del></del> .	<del></del>
an amendment provides for an exch	ange, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the amer	ange, reclassification, adment if not contained	or cancellation of is d in the amendment	sued shares, itself:	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, and ment if not contained	or cancellation of is d in the amendment	sued shares, itself:	
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provisions for implementing the amer	ange, reclassification, ndment if not containe	or cancellation of is d in the amendment	sued shares,	

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	,	
Effective date <u>if applicable</u> :	June 30, 2017	
Effective date it applicable: _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.	)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	,,	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
June 3	0, 2017	
Dated	0,2011	
s: . C	2 Commission	
Signature / (By	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	ţ
арр	pointed fiduciary by that fiduciary)	
	Jose D. Farina, Sr.	
	(Typed or printed name of person signing)	<del> </del>
	Vice President	
	(Title of person cigning)	