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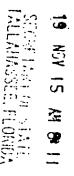
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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DEC 13 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOLD COAST M	ARKETING GROUP, INC	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	SCOT D. SLATKY		
		Name of Contact Persor	1
	SLATKY AND SLATKY C	PAs, P.C.	
	· -	Firm/ Company	
	100 VETERANS BLVD S	UITE 9	
	_	Address	
	MASSAPEQUA, NY 11758	•	
		City/ State and Zip Code	:
slatky	z.cpa@att.net		
<u></u>	·	sed for future annual report	notification)
For further information SCOTT D. SLATKY	n concerning this matter, pleas		797-3542
Name	of Contact Person	at (Area Coo) 797-3542 de & Daytime Telephone Number
	r the following amount made		
□ \$35 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)
Ank Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

Corporation as currently			
	filed with the Florida Dept. of State)	- T	
		522 5	rn
(Document Number of C	Corporation (if known)	तिकार जा द्व	O
06, Florida Statutes, this <i>F</i>	lorida Profit Corporation adopts the folk	(-··	ent(s) t
e of the corporation:			
		The ner	a·
ion "Corp," "Inc," or "C	o". A professional corporation name n	ie abbreviatio	n
annlicable:	N/A		
REET ADDRESS)			
		· · · · · · · · · · · · · · · · · · ·	
bler			
<u>FICE BOX</u>)	N/A		
			
	ss in Florida, enter the name of the		
-			
//A 			
I/A			
(Florida stree	et address)		
/A	Florida		
	e of the corporation: In the word "corporation, fon "Corp," "Inc," or "Con," or the abbreviation "Papplicable: EEET ADDRESS ble: FICE BOX or registered office address; /A	the word "corporation," "company," or "incorporated" or the on "Corp," "Inc," or "Co". A professional corporation name in in," or the abbreviation "P.A." N/A PEET ADDRESS N/A N/A N/A PICE BOX N/A Or registered office address in Florida, enter the name of the registered office address:	The new of the corporation: The new of the word "corporation," "company," or "incorporated" or the abbreviation on "Corp," "Inc," or "Co". A professional corporation name must contain the n," or the abbreviation "P.A." N/A Select Address N/A N/A N/A Pregistered office address in Florida, enter the name of the egistered office address:

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>vc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	N/A	 •
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
Δ				
4) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
5) Change		_		
Add				
Remove				
の Change		_	·	
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
DVA	
•	
 	
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	

The date of each amendment(s) adop date this document was signed.	ion:, i	f other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were suffice	I by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators without shareholder action and shareholder	
NOVEMBER Dated	13, 2019	
Dated		
Signature	1/1/2	
(By a direc selected, b	or president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
GL	ENN A. KUPFERMAN	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	