Division of Corporations DDDDDD 894 Florida Department of State	5 Page 1 off
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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 H Cu H Cu	
COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLD TREASURE FL INC. Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$35.00	FILED 2011 MAY 31 AM 9: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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·	Articles of Amendment
(4)	Articles of Incorporation
C T	of the first the second
	GASURE FL INC. FR. 9
0	rently filed with the Florida Dept. of State)
	000 89453
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:
	The new
name must be distinguishable and contain	the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the name wast contain the word "chartered" "nm	e designation "Corp," "Inc," or "Co". A professional corporation of operation of the abbreviation of the abbreviation "P.A."
- ,	
B. Enter new principal office address, if any (Principal office address <u>MUST BE A STREE</u>	
() () () () () () () () () () () () () (<u> </u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	n ICE BOX
franken & head one with the second that the	
D. If amending the registered agent and/or (new registered agent and/or the new registered)	registored office address in Florida, enter the name of the stored office address:
Name of New Registered Agent;	
<u>New Registered Office Address:</u>	(Florida strest address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:
I hereby accept the appointment as registered a	agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
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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: (Andch additional sheets, if necessary) ^í Title Type of Action Address Name PREETI CHARANIA 3165 SW 189 Terrata Add Miraman FL 33029 A Romovo VP MINAZ MERCHANT \mathbb{D} 3165 SW 189 Tewar D Add Mixamon FI 33029 & Remove 🗋 Add 🗖 Remove E. If amending or adding additional Articles, enter change(a) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued abares, provisions for implementing the amendment if nat contained in the amendment itself: (If not applicable, indicate N/A) Page 2 of 3

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The date of each amendment(s) ado	ption: <u>3-27-2011</u>
Effective date if applicable:	(date of adoption is required)
(по нк	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt by the shareholders was/were suffi	od by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the charcholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	group)
(voting	group)
action was not required. Dated_ <u>×</u> 5	-27-11
Signature 🗴	(+)
(By a direct selected, by	or, president or other officer - if directors or officers have not been an incorporator $-$ if in the hands of a peceiver, trustee, or other court duciary by that fiduciary)
	FIRDOWS CHAGANI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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