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(Req	uestor's Name))
(Add	ress)	
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(City/	/State/Zip/Phon	e#) .
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number	}
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATEMENT ON STATEMENT OF STATEMENT OF

Amend C.COULLIETTE

NOV 1 2 2008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	nca Golden Imports Inc.
DOCUMENT NUMBER: \$6700	00079084
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Roger	Name of Contact Person)
	Solden Inputs (Firm/Company)
	(Firm/ Company) / PEST CT. (Address)
	(Address) - M D ZO854 City/ State and Zip Code)
For further information concerning this m	
	at (321) 946 -0546 (Area Code & Daytime Telephone Number)
	ount made payable to the Florida Department of State:
\$35 Filing Fee \$\times \$\forall \$\forall \$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

•	
, Articles of Amend	ment PS 8
to	SS 2
Articles of Incorpor	
Inca Golden Imports (Name of Corporation as currently filed with the	
•	
<u> </u>	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	n:
	_
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" or the designation "Corp," "Inc," or
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7929 Fox crest ct. Potomac, MD ZO854
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
<u> </u>	Cowan
	SANDPIPER ST.
New Registered Office Address: (Floria	la street addréss)
<u>Apopka</u>	(City), Florida 327/2 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am for position.	ent: amiliar with and accept the obligations of the
Signature of New 1	Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Vita 6 Manyari	370 longhum Dr. Apopka, FL 32712	
			Add Remove
			Add Remove
(attach a	ding or adding additional Articles, entereditional sheets, if necessary). (Be specially of the sheets of the sheet	cific)	uthorized to
provisi	mendment provides for an exchange, reons for implementing the amendment in the applicable, indicate N/A)	classification, or cancellation of f not contained in the amendmen	issued shares, nt itself:

The date of each amendment(s) a	adoption: 11/1/2008
Effective date if applicable:	
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement each 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	ting group)
(vol	ting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated//_	1/08
Signature (By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Roger Cowan II (Typed or printed name of person signing)
<u></u>	PResident (Title of person signing)