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SECRETARY OF STATE
SECRETARYSEE, FLORID

1/15/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	GOLD N HOPE PLUS, IN	VC	
DOCUMENT NU	MBER:	P09000044081		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all co	rrespondence concerning this	s matter to the following:		
	MITCHELL HOWARD			
Name of Contact Person				
	MITCHELL J. HOWARD CPA, PA			
	Firm/ Company			
	3800 S. OCEAN DRIVE SUITE 228			
Address				
-	HOLLYWOOD, FL 33019			
City/ State and Zip Code				
	MITCHELL@MITC E-mail address: (to be used	HELLHOWARDCPA.COM for future annual report notification)		
For further informa	tion concerning this matter, p	blease call:		
MIT(CHELL HOWARD	at (954) 45	4-1119	
Name	of Contact Person	Area Code & Daytime Telep	phone Number	
Enclosed is a check	for the following amount ma	ade payable to the Florida Departn	nent of State:	
 	\$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)	
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 Amendment Articles of Incorporation of

GOLD N HOPE PLUS, INC

2011 JUL 14 PM 3: 42

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

SECRETARY OF STATE TALLAHASSEE.FLORIDA

P09000044081

(Document Number of Corporation (if known)

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	f the corporation:	TI.
ame must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional corpora
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r		Florida, enter the name of the
		Florida, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:	stered office address: (Florida street ad	dress)
<u>Name of New Registered Agent:</u>	stered office address:	ldress)

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
<u>VP</u>	DMITRIY SAVCHENKO	2500 E. Hallandale Beach Blvd Suite Y Hallandale Beach, FL 33009	☑ Add □ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach ad	dditional sheets, if necessary). (Be spo	ecific)	
<u>provisi</u>	nendment provides for an exchange, rons for implementing the amendment ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: JULY 12, 2011
Effective date if applicable:	(date of adoption is required)
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemen ed for 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	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder actor and shareholder actor and shareholder actor and shareholder actor and shareholder
Dated_JUL	Y 12, 2011
selo	Sales Slavesy of 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 pointed fiduciary by that fiduciary)
	SASHA SHAMAYEV
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)