P10000049587

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



300295779853

02/24/17--01013--018 **35.00



2/2700

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE GOL	DEN PATH PRODUCTIONS, INC
DOCUMENT NUMBER: P10000049587	
The enclosed Articles of Amendment and to	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ANGEL D CORDO	VA
	Name of Contact Person
ANGEL D CORDO	VA & CO
	Firm/ Company
780 NW 42 AVENU	E SUITE 325
	Address
MIAMI, FL 33126	
	City/ State and Zip Code
AR@ACORDOVA.COM	
•	(to be used for future annual report notification)
	•
For further information concerning this matt	er, please call:
ANGEL CORDOVA	at (305 444-5511
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
\$35 Filing Fee	
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 to Articles of Incorporation of

THE GOLDEN PATH PRODUCTIONS, INC

	Corporation as current	ly filed with the Florida	1 Dept. of State)	
210000049587				
·	(Document Number of	of Corporation (if known))	· · · · · · · · · · · · · · · · · · ·
tursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporal	tion adopts the following	amendment(s
. If amending name, enter the new nan	ne of the corporation:		7.7	
I/A			٦ ع	r The news
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designat ord "chartered," "professional association	tion "Corp," "Inc," or '	"Co". A professional c	ncorporated" or the ab orporation name must c	breviation ontain the
		N/A		
. Enter new principal office address, if Principal office address MUST BE A STI				
. Enter new mailing address, if applica	abla			
(Muiling address MAY BE A POST Of		N/A		
		 -		 -
. If amending the registered agent and			ie name of the	
new registered agent and/or the new		<u>s:</u>		
Name of New Registered Agent	N/A 			
_	(Florida st	reet address)		
New Registered Office Address:	(Florida st. N/A	reet address)	, Florida	

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 Doe	
X Remove	V	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	GABRIELA LAURINO	1918 BRICKELL AVENUE
<u>x</u> Add			APT 501
Remove			MIAMI, FL 33129
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

(Attach addition	onal sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
/A	•	•		
<u>-</u>				·
				· ···
 				
		·	, , , , , , , , , , , , , , , , , , ,	
		!		
		· · · · · · · · · · · · · · · · ·		
				
				
				
If an amendi	nent provides for an exc	hange, reclassification, or ca	ncellation of issued shares.	.
provisions f	or implementing the am	endment if not contained in t	he amendment itself:	
	pplicable, indicate N/A)			
/A				
				
				
				

The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved 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 i	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder
Dated	02/21/2017 A: C'
Signature 6	ratie Sacr
(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 courted fiduciary)
	BEATRIZ SAEZ
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)