

P110000 25949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

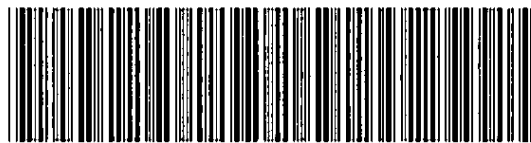
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 OCT 29 AM 4:45
SEAL
TALLAHASSEE, FLORIDA

OCT 30 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2019

BORIS ROSEN
MORRISON BROWN ARGIZ & FARRA
1450 BRICKELL AVENUE 18TH FLOOR
MIAMI, FL 33131

SUBJECT: GOLDEN HILLS COMMERCIAL GROUP INC.
Ref. Number: P11000025949

We have received your document for GOLDEN HILLS COMMERCIAL GROUP INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

CANNOT USE PROFIT BENEFIT FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00021516

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLDEN HILLS COMMERCIAL GROUP INC.

DOCUMENT NUMBER: P11000025949

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BORIS ROSEN

Name of Contact Person

MORRISON BROWN ARGIZ & FARRA LLC

Firm/ Company

1450 BRICKELL AVENUE, 18TH FLOOR

Address

MIAMI, FL 33131

City/ State and Zip Code

BROSEN@MBAF.CPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISSETTE VELAZQUEZ

at (305)

913-5339

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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)

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



October 29, 2019

Ms. Shelia H Young
Regulatory Specialist
Florida Department of State
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sent via FedEx

Re: Letter # 019A00021516

Golden Hills Commercial Group, Inc. P11000025949

Dear Ms. Young

I am responding pursuant to your correspondence dated October 17, 2019. As you instructed, I am enclosing the following documents:

1. Copy of your October 17, 2019 letter (one page)
2. Cover letter (one page)
3. Articles of Amendment duly signed (4 pages)

Please acknowledge receipt of this letter and its enclosures by returning a copy of this letter to the undersigned.

I respectfully request that you process these Articles of Amended promptly.

Respectfully submitted,

Boris Rosen, CPA

Principal

Enclosures as noted

Articles of Amendment
to
Articles of Incorporation
of
GOLDEN HILLS COMMERCIAL GROUP INC.

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

P11000025949

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name 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 designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ARTICLE 5 - OFFICERS

EFFECTIVE SEPTEMBER 20th, 2019 THE OFFICERS OF THE CORPORATION SHALL BE

PRESIDENT: JORGE SCHWARTZMAN

VICE-PRESIDENT: JORGE SCHWARTZMAN

SECRETARY: JORGE SCHWARTZMAN

TREASURER: JORGE SCHWARTZMAN

WHOSE MAILING ADDRESS SHALL BE : 1410 -20th STREET, SUITE 202, MIAMI BEACH, FL 33139

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) adoption: _____, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 20th, 2019
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SEPTEMBER 20, 2019

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JORGE SCHWARTZMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)