## P11000060073

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C. LEWIS

AUG 2 7 2013

EXAMMER

TO: Amendment Sect Division of Corp			•			
NAME OF CORPO	RATION: GOLDEN J	OEL CORP				
DOCUMENT NUM	BER: P1100006007	3				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	Jose Nicenboim					
		Name of Contact Person	)			
	Zet Group Corp					
		Firm/ Company				
	20900 NE 3oth A	ve - Suite 200-2	7			
		Address				
	Aventura, FI - 33	180				
		City/ State and Zip Code	2			
in@		m				
1116		sed for future annual report	notification)			
	· ·	•				
For further information	on concerning this matter, pleas	se call:				
Jose Nicenb	oim	at (305	960-1197			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
Ma	niling Address	<u>Street</u>	Address			
An	Amendment Section Amendment Section					
	vision of Corporations		on of Corporations			
P.O. Box 6327 Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation** of

FILED

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13 AUG 23 AH IL: 23

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

ient(s) to

P11000060073		TA	ALLAHASSEE, FLORIDA
(Docume)	nt Number of Corporation (		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amenda
A. If amending name, enter the new na	ame of the corporation:		
			The n
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	"Co". A professional cor	corporated" or the abbreviati
3. Enter new principal office address,		20900 NE 30th Ave Ste 2	200-27 Aventura, FI 33180
Principal office address <u>MUST BE A S</u>	IKEET ADDKESS )		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		20900 NE 30th Ave Ste 2	200-27 Aventura, FI 33180
<ol> <li>If amending the registered agent an new registered agent and/or the ne</li> </ol>			name of the
	Jose Nicenboin		
Name of New Registered Agent		 Ave Ste 200-27	<del></del> 7
		rreet address)	<u>'</u>
New Registered Office Address:	Aventura		orida 33180
<u>wew Registerea Office Address.</u>	(City		(Zip Code)
N. B. I			
New Registered Agent's Signature, if of the hereby accept the appointment as regised.			ations of the position.
_	_\Clive	Melle.	
	ignature of New Registered	l Agent, Changing	<del></del>

. 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	<u>v</u>	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) X Change	Р	Sobol Mark, Marcelo C	20900 NE 3oth Ave - Suite 200-27
Add		-	Aventura,FI 33180
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attac	th additional si	wets, if necesso	ıry). (Be sp	pecific)			
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f an pro	visions for im	provides for an plementing the able, indicate N	amendment	reclassificatio t if not conta	on, or cancell ined in the ar	ation of issued nendment itse	l shares, lf:
					-		
			<del></del>				

The date of each amendment(s) ad	option:	<u> </u>	, if other than the
date this document was signed.		i las form	
Effective date if applicable:		13 AUG 23 AM 11: 24	
<u></u>	(no more than 90 days af	fer amendment file date) SECRETARY OF STATE TALLAHASSEE, FLORIDA	•
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)	
	roved by the shareholders through voti each voting group entitled to vote sepa		
"The number of votes cast t	for the amendment(s) was/were sufficient	ent for approval	
by	(voting group)	; <b>,</b>	
,	(voting group)		
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without share	eholder action and shareholder	
<sub>Dated</sub> 05/30	)/2013		
Signature	A		
(By a di	irector, president of other officer – if d d, by an incorporator – if in the hands of ted fiduciary by that fiduciary)		-
	Marcelo Sobol		
	(Typed or printed na	ame of person signing)	-
	President		

(Title of person signing)