## P11000107742

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HANDS O	F GOLD REACH INC.			
DOCUMENT NUMBER: P1100010774	42			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
PETER M BERN	IARD			
	Name of Contact Person			
HANDS OF GOLD REACH INC.				
	Firm/ Company			
701 PROMENAL	DE DRIVE # 204			
DEMANDONE DIA	Address PEMBROKE PINES FL 33026			
PEMBROKE PIL				
	City/ State and Zip Code			
ESUCCESSSERVICE@AOL.COM				
E-mail address: (to be	used for future annual report notification)			
For further information concerning this matter, ple	ase call:			
PETER M BERNARD	at (954 ) 431-0544			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	e payable to the Florida Department of State:			
\$35 Filing Fee \$ \$\subset\$ \$\s	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is 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



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

(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:

N/A	The r
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corp.," or "Cord "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviat Co". A professional corporation name must contain
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
. If amending the registered agent and/or registered office addr	
. If amending the registered agent and/or registered office addrnew registered agent and/or the new registered office address:  Name of New Registered Agent  N/A	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:  Name of New Registered Agent  N/A	
new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street)  New Registered Office Address:	eet address), Florida (Zip Code)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
N/A
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

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 Sully 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
Change X Add Remove	VP	Monica Royes Niles	11520 SW 10th Street Pembroke Pines FL 33025
2) Change Add Remove			
3) Change Add Remove	<del></del>	_	
4) Change Add Remove	<u></u>		
5) Change Add Remove			
6) Change Add Remove			

	doption: 1-26-12
The date of each amendment(s) a	doption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved 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	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 01-26-	2012
Dated 01-26- Signature	ter m Bernard
(By a d selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Peter M Bernard
	(Typed or printed name of person signing)
	President
	(Title of person signing)