P12000017679

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GOLDEN	EMCHAM	THENT INC.
DOCUMENT NUMBER: <u>P120</u>	0001867°	9	
The enclosed Articles of Amendment ar	d fee are submitted for	or filing.	
Please return all correspondence concern	ning this matter to the	following:	
<u>Elie</u>	abeth L'	of Contact Person	
Golder	1 EMCHA	MIMENT	Inc.
2021	18t AVE	irm/ Company	
81 PE	TERSBURG	Address Address T State and Zip Code	33713
	CHAHTHE		fil-COM tification)
For further information concerning this	natter, please call:		
Elisabeth LYTH	E	at (727_)	851 9828
Name of Contact Person			& Daytime Telephone Number
Enclosed is a check for the following an	ount made payable to	the Florida Departr	nent of State:
\$35 Filing Fee	of Status Certi (Add	75 Filing Fee & [ified Copy is osed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Stroot Ad	drass

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			
GIOLDEM ENCHA	H THEHT	INC.		
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)		-
P12000018679				
(Document Number	of Corporation (if k	(nown)	·,··, · · · · · · · · · · · · · · · · ·	_
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	lorida Profit Corporation add	opts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
A/A				The new
name must be distinguishable and contain the war "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co	o". A professional corporal		bbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		H/A		
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	N/A		_
	_			<u>.</u>
D. If amending the registered agent and/or registered agent and/or the new registered		ss in Florida, enter the nam	e of the	-
Name of New Registered Agent	H/A			
	(Florida street	t address)		
New Registered Office Address:	M/A	, Florida_	N/A	-
	l (City)		(Zip Gode)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		th and accept the obligations	of the position.	
	HIA			
Signature of	New Registered Ag	ent, if changing	Z,	
			FŘ	201

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> Joh	n Doe			
X Remove	<u>V</u> <u>Mil</u>	ce Jones			
X Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change Add Remove	<u>D</u> _	SPALETTÍ	ELEOHORA	Via Dant Santa	e 3/C Rore dell'ARNO
2) Change Add	<u>P</u>	SPALETTI!	ELEO MORA	La Dant	Miscr 56029 oce dell'Alemo
Remove 3) Change Add Remove	_5_	SPALETIN'	ELEOHOPA	Pisa 5602 Via Dout Souta C	9 - ITALIA BAZE dell'ARMI) Pisa 56029
4) Change Add Remove					
5) Change Add Remove			·		
6) Change Add Remove		 			

<mark>amending or adding additiona</mark> tach additional sheets, if necess	sary). (Be specif	ic)	4/2	
			11/H	
			,	
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				·

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			 .	
lf an amendment provides for ar	n exchange, recla	ssification, or c	ancellation of issue	d shares.
provisions for implementing the	e amendment if n	<u>ot contained in</u>	the amendment its	<u>elf:</u>
(if not applicable, indicate N	//A)			
		H/:	A	
		7		
			-	

The date of each amendment(s) adoption: 04/13/2012
Effective date if applicable:
(no more than 90 days after amendment file date)
ALCONON (CHECK ONE)
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 04 13 2012
Signature Elegundus
(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)
PALETTI ELEOMORA
(Typed or printed name of person signing)
DIRECTOR
(Title of percencianing)