## P13000039604

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PICK-UP WAIT MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations Golden Bene RESTAURANT Group INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexander T. FOTSIS

Name of Contact Person Golden BEAR RESTAURANT Group INC. 6643 DARTER COURT
Address FORT PIECE, FL 34945
City/State and Zip Code Alexforsis 6 6 music . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexander T. Forsis at 772 209-1343

Nome of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fcc Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassec, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to

Articles of Incorporation

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u	,

GOLDEN DEATE RESTAURA	
(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 $F$ its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
01/0	
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 "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6643 DARTER WURT FORT pierce FL, 34945
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6643 DARTER COURT FORT PIERCE FL, 34945
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  A Lexander	ss in Florida, enter the name of the
10/01/2 Tr	1v4o(C+
New Registered Office Address: (Florida stree	City)  Cet address)  City (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re.	gistered Agent, if changing

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)

Example:

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.

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSP	LISA FOTSIS	6643 DARTER Cart FORT gierce, FL 34945
Add  Remove	·		Fort pierce, FL 34945
2) Change	PTSO	Akxander forsis	6643 DARTER COURT FORT PLANCE, FL, 34945
X_ Add			FORT PPERCE, FL, 34945
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Кеточе			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· · ·
**************************************	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi appricable, materia (v.s.)	

The date of each amendment(s) adoption:	_, if other than
date this document was signed.	
Effective date if applicable: AUGUST 10, 2017	<u></u>
(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 document's effective date on the Department of State's records.	not be listed as
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 08/10/2017 Signature Manuelas Dates	
Signature Alsenlas Paties	
(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)	
· · · · · · · · · · · · · · · · · · ·	
Alexander Forsis (Typed or printed name of person signing)	
PRESIDENT	·
(Title of person signing)	

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