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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLDEN MEN SECURITY SERVICES CORP

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850-617-6380

T. CARTER 12/11/2013

Fax: (877) 503-6086

To:

Fax: +1 (850) 617-6380

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	

OCUMENT NUMBER: P1300004	
he enclosed Articles of Amendment and fe	e are submitted for filing.
lease return all correspondence concerning	this matter to the following:
SUSANA SA	LOM
	Name of Contact Person
GOLDEN MI	EN SECURITY SERVICES, CORP.
**************************************	Firm/ Company
5923 SW 8 S	ST
	Address
MIAMI, FL 3	3144
	City/ State and Zip Code
SEUSY2003@Y	AHOO.COM
E mail address:	(to be used for future annual report notification)

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

850-617-6380

To;

Fax: +1 (850) 617-6380

Page 3 of 6 12/11/2013 11:28

Articles of Amendment	
to Articles of Incorporation	
OOLDEN MEN OF OUR (OFFICE OF O	
GOLDEN MEN SECURITY SERVICES, CORP.	·
(Name of Corporation as currently filed with the Florida Dept. of State	<b>e</b> )
P13000042942	
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpo</i> its Articles of Incorporation:	Pration adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," ar "Co". A professiona word "chartered." "professional association," or the abbreviation "P.A."	"incorporated" or the abbreviation l corporation name must contain the
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 new registered agent and/or the new registered office address:	r the name of the
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 or	bligations of the position.
	<del></del>
Signature of New Registered 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)

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	MARCO A. SALOM	13971 SW 43 ST
Add		·	MIAMI, FL 33175
Remove			
2) Change	PV	SUSANA SALOM	13971 SW 43 ST
Add			MIAMI, FL 33175
Remove			
3) Change		-	
Add	•		
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<b>[</b>			
6) Change			
Add			
Remove			

Samending or adding a Attach additional sheets,	if necessary). (Be	specific)	•		
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an amendment provid	ies for an exchange.	reclassification	or cancellation	of issued shares.	
provisions for impleme (if not applicable, in	nting the amendme	nt if not contain	ed in the amendi	nent itself:	
(y that approximation) is	,				
<del> </del>			<u>.</u>	<del> </del>	
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To:

Fax: +1 (850) 617-6380

Page 6 of 6 12/11/2013 11:28 850 -617 - 6380

The date of each amendment(s) ac	toption: 12/11/2013	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	•
Adoption of Amendment(s)	(CHECK ONE)	
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) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
бу	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 12/11/20	113	
Signature	sisona alom	
· · · · · · · · · · · · · · · · · · ·	irector, president or other officer - if directors or officers have not been	<del></del>
	d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SUSANA SALOM	
	(Typed or printed name of person signing)	<del></del>
	VICE PRESIDENT	
	(Title of person signing)	