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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOLDEN TRANS	SACTION CORPORATION	N
DOCUMENT NUMB	ER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MOHAMMED BLEH		
•		Name of Contact Person	1
	GOLDEN TRANSACTION	CORPORATION	
-			
	2990 RAYFORD STREET	Firm/ Company	
		Address	
	JACKSONVILLE, FL 32205		
		City/ State and Zip Cod	e
TNTF	LTI@BELLSOUTH.NET		
	-	sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
MOHAMMED BLEH		917 at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations IBox 6327 Ishassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	ion as currently filed with the Florida I	Dept. of State)
14000074065		
(Doct	ment Number of Corporation (if known)	
ursuant to the provisions of section 607.1006. Flori s Articles of Incorporation:	la Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(
. If amending name, enter the new name of the	orporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	o," "Inc," or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
. Enter new principal office address, if applicab	<u></u>	
Principal office address <u>MUST BE A STREET AL</u>	DRESS)	نسہ د
Enter new mailing address, if applicable:		20 LE
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u></u>	
		ू था
		i i i i i i i i i i i i i i i i i i i
 If amending the registered agent and/or regist new registered agent and/or the new registere 		name of the
Name of New Registered Agent		
Name by New Registry Carigon		7
	(Florida street address)	
New Registered Office Address:		Florida
New Neglatored Copies Mindelsi.	(City)	(Zip Code)

Signature of New Registered Agent, if changing

1 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: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP		ELGARAIHY ELSAYES FARRAG	2990 RAYFORD STREET
Add				JACKSONVILLE, FL 32205
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				**
6) Change				
Add				
Remove				

reach additional site	ets, if necessary).	ticles, enter chans (Be specific)	_			
	•					
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f an amendment proprovisions for imple	vides for an exc	nange, reclassific	ation, or cancella	tion of issued si	iares,	
if not applicable)	indicate N/4)	enument is not co	mained in the am	ienument usen,		
(у ногарупсия	, maicaic (17.11)					
						

The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date with a partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient 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)	
☐ 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 adeaction was not required.	opted by the incorporators without shareholder action and shareholder	
08/17/2013 Dated	3	
Signature	John of Bled	
(By a c	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)	
	MOHAMMED BLEH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·