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COVER LETTER

Division of Corporati	ons					
NAME OF CORPORATION: Medal Associates Inc. DOCUMENT NUMBER: P1500005415						
		-in-d CEli				
The enclosed Articles of A	<i>mendment</i> and fee are sub	muted for ming.	•			
Please return all correspon	dence concerning this matt	er to the following:				
	Pamela	Name of Contact Person	1			
_	MCCaur	Firm/ Company	<u>100 01 10</u>			
14271 SW 1515T COURT						
City/ State and Zip Code						
Panela medal @ Gmail. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Panela	Medal	at (780	205-9699			
Name of C	ontact Person	Area Cod	le & 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

TO: Amendment Section

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 of

•	Articles of Incorporation of	1. <u>1.</u> f. (
Medal Ass	ociates I	C. 15 SEP 23 PH 4: 21
(Name of Cor	poration as currently filed with th	e Florida Dept. of State)
P150000	05415	TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s)
. If amending name, enter the new name of	the corporation:	
Gold Hada	IInsurance	2 Inc. The new
came must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	ne word "corporation," "company "Corp," "Inc," or "Co". A profe	y," or "incorporated" or the abbreviation
k. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
(mutuing utturess MAT BE A POST OFFIC		

	· .	
If amending the registered agent and/or registered agent and/or the new registered.		a, enter the name of the
new registered agent and/or the new regis	nered office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	na Registered Agent:	
hereby accept the appointment as registered a		ot the obligations of the position.
	•	
	Signature of New Registered Age	nt, 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 <math>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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P	_	RobertoNedal	
Add				
Remove				
2) X Change	NP	<u> </u>	Pamela Medal	
Add				
Remove				
3) Change	Sec	Ľ.	Darlyn Cabrer	2
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional tach additional sheets, if necess	ary). (Be specific)			
WWW					
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	PT	···			
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	 				-
an amendment provides for a rovisions for implementing th	n exchange, reclass	ification, or cand	cellation of issued	l shares.	
(if not applicable, indicate N	I/A)		t amenament use	 	
	NA				
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The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (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 the
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)	
(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.	
Signature (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)	
Panela Medal (Typed or printed name of person signing)	
President	
(Title of person signing)	