# 716000021462

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SECRETARY OF STATE

AUG 22 2016

C. CARROTHERS

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GOLD MAINTEN	IANCE AND CLEANING	INC	
DOCUMENT NUMBE	CR: P16000021462			
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.		,
Please return all correspondent	ondence concerning this ma	tter to the following:		
		BEGONIA D. MORENO	)	
		Name of Contact Person	1 .	<b></b>
		Firm/ Company		<del>-</del> .
_		2700 NW 44TH ST #810	· 	
		' Address		
	(	OAKLAND PARK, FL 33:	309	
		City/ State and Zip Code	e	·.
	E-mail address: (to be us	ed for future annual report	and cleaninge	egmail.com
For further information of	concerning this matter, pleas	e call:		
BEGONIA D. MOREN			2463540	
Name of	Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for t	he following amount madé p	payable to the Florida Depa	artment of State:	
S35 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

## Articles of Amendment to Articles of Incorporation Articles of of

## GOLD MAINTENANCE AND CLEANING INC

### (Name of Corporation as currently filed with the Florida Dept. of State)

P16000021462

(Document Number of Corporation (if known)

word "corporation," "company," or "incorporated Corp," "Inc," on "Co". A professional corporation	" or the ab		new
r the abbreviation "P.A."	name must o	brevia contain	ttion.
able: ADDRESS)		35 TO	_ =
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ZBOX)			<del></del>
			_
istered office address in Florida, enter the name of tered office address:	<u>he</u>		
		,	
(Florida street address)			
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(City)	(Zip C	ode)	•
Registered Agent: nt. I am familiar with and accept the obligations of th	e position.		
	istered office address in Florida, enter the name of tred office address:  (Florida street address)  (City)  Registered Agent:	istered office address in Florida, enter the name of the red office address:  (Florida street address)  Florida (City)  (Zip C	istered office address in Florida, enter the name of the red office address:  (Florida street address)  (City)  (Zip Code)  Registered Agent:

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>	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	S, D	JULIAN D. VALDEZ ACOSTA	2700 NW 44TH ST #810
Add X Remove			OAKLAND PARK, FL 33309
2) X Change	VP,S,D	CARLOS A VALDEZ ACOSTA	2700 NW 44TH ST #810
Add			OAKLAND PARK, FL 33309
Remove 3)Change			
Add			
4) Change			
Remove			
5) Change Add	<del></del>		
Remove			
6)Change			
Add			

If amending or adding additional A Attach additional sheets, if necessary	). (Be specific)	_	,
			·
			•
		-	
f an amendment provides for an ex provisions for implementing the an	mendment if not contained	cancellation of issued shares, in the amendment itself:	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

·	08/08/2016	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after am	endment file date)
Note: If the date inserted in this blo document's effective date on the Dep		iling requirements, this date will not be listed as it
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of vote icient for approval.	es cast for the amendment(s)
	oved by the shareholders through voting grou ach voting group entitled to vote separately	
"The number of votes cast for	or the amendment(s) was/were sufficient for a	approval
by		31
•	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareho	older action and shareholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder	action and shareholder
08/08/2016		
Dated	77 / 1	
Signature	Sand	
	ector, president or other officer - if directors	or officers have not been
	by an incorporator – if in the hands of a record fiduciary by that fiduciary)	eiver, trustee, or other court
	BEGONIA D. MORENO	
-	(Typed or printed name of person	signing)
	PRESIDENT	
- <del>-</del>	(Title of person signing	g)