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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GOLD COAST PI	REMIER HOLDINGS OK	EE, INC.
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jorge E. Otero, Esq.		
		Name of Contact Person	1
	Jorge E. Otero & Associates.	P.A.	
		Firm/ Company	
	75 Valencia Ave., Fourth Flo	901	
		Address	
	Coral Gables, FL 33134		
		City/ State and Zip Cod	e
sorvie	e@oterolaw.com		
	**	sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
Jorge E. Otero, Esq.		305	567-9000
Name c	of Contact Person	Area Co	) 567-9000 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
	hassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

GOLD COAST PREMIER HOLDINGS OKEE, INC.

COOLD COAST FREMER HOLDINGS OREI, INC.				
(Name of Corporation as	s currently filed with the	<u>ae Florida Dept, of State</u>	<u>e</u> )	
P16000035128				
(Document)	Number of Corporation	(if known)		
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this <i>Florida Profi</i>	* Corporation adopts the	following amend	lment(s)
A. If amending name, enter the new name of the corpor	ration:			
			er:1	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	lne," or "Co". A profe			ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>			_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of	ffice address in Florid	a, enter the name of the		- - -
new registered agent and/or the new registered offic				
Name of New Registered Agent				
	Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	-
			74 <b>2</b>	
New Registered Agent's Signature, if changing Register	ed Agent:			77
I hereby accept the appointment as registered agent. I am	familiar with and accep	ot the obligations of the p	2011 JUL 16 A	JE I
Signature	of New Registered Age	nt, if changing	1000	U.

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VT	Waison Lam	16155 SW 117 Ave., Suite B2
XAdd			Miami, FL 33177
Remove			
2) X Change	VSD	Veronica Garcia	16155 SW 117 Ave., Suite B2
Add			Miami, FL 33177
Remove			
3) X Change	PD	Raul Garcia	16155 SW 117 Ave., Suite B2
Add			Miami, FL 33177
Remove			
Kemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)	(s) here:		
			· · ·	
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		<del></del>		
			· · ·	
·····				
If an amendment provides for an exc	<u>hange, reclassifica</u>	tion, or cancellation	of issued shares,	
provisions for implementing the ame	<u>endment if not con</u>	tained in the amend	ment itself:	
(if not applicable, indicate N/A)				
		•		
<del></del>				
		<u> </u>		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	-12-18/) emai 1000ie	
(By a selec	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Veronica Garcia	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	