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SCORETARY OF STATE
JIVISCRI OF CORETRATION

JUL 15 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EMERALD	INTERNSTIONAL GROUP CORP		
DOCUMENT NUMBI	er: P16 000	054404		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	itter to the following:		
_	JES	SE CHARPENTIER Name of Contact Person		
	Name of Contact Person			
_	ENERALD INTERNATIONAL GROUP COPP Firm/ Company			
	12111 SW 93 CT			
_	12111 SW 93 ST Address			
	Missla	El 33106		
_	1112141	FL 33186 City/ State and Zip Code		
		·		
	JRCHC@	YAHOO. COM		
TRCHC Y A HOO. CO M E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, pleas	se call:		
JESSE CHI	RPENTIER	at (786) 281 6719 Area Code & Daytime Telephone Number		
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Department of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
i anana	18800, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILEL SECRETARY OF STATE DIVISION OF COMPORATION

EMEROLD INTERN	J BU OITAL	GROUP	COFP.	
(Name of Corporat	tion as currently f	filed with the Flor	ida Dept. of State)	
PI	6 0 0000 :	5 4 4 0 4 Corporation (if know	_	
(Docu	ment Number of C	Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Fl</i>	orida Profit Corpo	pration adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co	". A professiona		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS A STREET ADDRESS AS A STREET AS A STREET ADDRESS AS A STREET AS A STREET ADDRESS AS A STREET A			<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X</u>)			
				
D. If amending the registered agent and/or registence new registered agent and/or the new registered		s in Florida, enter	the name of the	
Name of New Registered Agent		#****		
	(Florida street	address)		
New Registered Office Address:			, Florida	
	(Ci	ity)		(Zip Code)
New Registered Agent's Signature, if changing Reg	nictored Ament			
I hereby accept the appointment as registered agent.		h and accept the oi	bligations of the pos	iition.
Sign	nature of New Rea	istered Agent if ch	anging	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_ P	GOLDEN ROYAL GROUP COMP	520 BRICKELL KEY DE
Add			STE 0-203
Kemove			MIAMI FL 33131
2) Change	<u> </u>	CHARAENTIER JESSE	520 BLICKELL KEY DR
Add			STE 0-203
Remove			HIBMI FL 33131
3) Change	P	CHARPENTIER JESSE	520 DRICKELL KEY DR
_ <u>X</u> Add			STE 0-203
Remove			HIBMI FL 33131
4) Change		GOLDEN ROYAL GROUP CORP	520 BRICKELL KEY DR
Add			STE 0-203
Remove			MIDHI TL 3313
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij not applicable, malcale N/A)	

The date of each amendment(s) adoption:date this document was signed.	07-07-16	SECRETARY Of CORPORATION
date this document was signed.		
Effective date if applicable:	more than 90 days after amendment	2016 JUL 1 1 PM 1: 26
(no	o more inan 90 aays ajier amenameni,	nie aaie)
Note: If the date inserted in this block does not me document's effective date on the Department of State		uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx		the amendment(s)
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendmer	••	
by		"
(voting g	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action	on and shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action ar	nd shareholder
Dated	-2016 w/w/,	
(By a director, president	or/other officer + if directors or office	
selected, by an incorpora appointed fiduciary by th	ator – if in the hands of a receiver, trus	stee, or other court
	• ,	
JE	SSE CHARPENTIO	5 K
	ed or printed name of person signing)	
P@	LES IDENT	
	(Title of person signing)	_