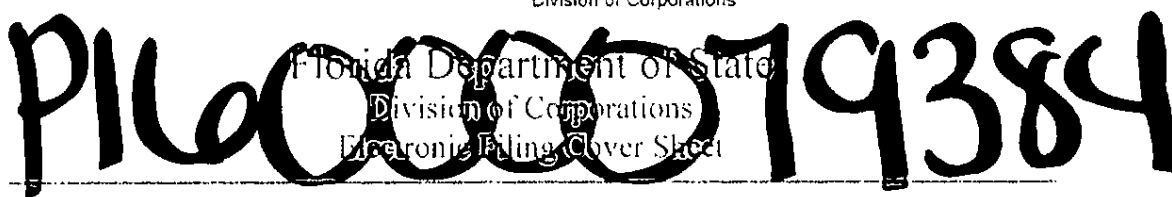


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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1123000010848 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GOLDEN BOON CORPORATION**

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JAN 17 2023

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January 11, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GOLDEN BOON CORPORATION
2005 W CYPRESS CREEK RD
SUITE 100
FT LAUDERDALE, FL 33309US

SUBJECT: GOLDEN BOON CORPORATION
REF: P16000079384

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H23000010848

Letter Number: 923A00000842

H23000010848 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLDEN BOON CORPORATION

DOCUMENT NUMBER: P16000079384

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIANA MACHADO

Name of Contact Person

GFS TAX & ACCOUNTING SERVICES

Firm/ Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City/ State and Zip Code

INFO@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA MACHADO

at (754) 301-2128

Name of Contact Person

Area Code & 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

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

FILED

1123000010848 3

2023 JAN 13 AM 11:37SECRETARY OF STATE
TALLAHASSEE, FL 32399Articles of Amendment
to
Articles of Incorporation
of

GOLDEN BOON CORPORATION

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

P16000079384

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)

21320 Summertrace Circle

Boca Raton, FL 33428

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

21320 Summertrace Circle

Boca Raton, FL 33428

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent

Lucas de Souza Annunzio

21320 Summertrace Circle

(Florida street address)

New Registered Office Address:

Boca Raton

(City)

Florida 33428

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H23000010848.3

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>MOREIRA, CISELENE B</u>	<u>AVE BRIGADEIRO FARIA LIMA</u>
<input type="checkbox"/> Add			<u>2954</u>
<input checked="" type="checkbox"/> Remove			<u>SAO PAULO, SP 01452-000 BR</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MOREIRA, JULIANA T</u>	<u>AVE BRIGADEIRO FARIA LIMA</u>
<input type="checkbox"/> Add			<u>2954</u>
<input checked="" type="checkbox"/> Remove			<u>SAO PAULO 01452-000 BR</u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>Lucas de Souza Annuza</u>	<u>21320 Summertrace Circle</u>
<input checked="" type="checkbox"/> Add			<u>Boca Raton, FL 33428</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Oscar Annuza da Silva</u>	<u>21320 Summertrace Circle</u>
<input checked="" type="checkbox"/> Add			<u>Boca Raton, FL 33428</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

H23000010848.3

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 11/29/2022

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)

Lucas de Souza Amuza

(Typed or printed name of person signing)

President

(Title of person signing)