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SECRITARY OF STATE

JUL 19 2013 T. LETANION



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GOLD COAST PE	REMIER HOLDINGS NAI	PWEST, INC.
DOCUMENT NUMI			
	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	• •	
		Address	
	Coral Gables, FL 33134		
		City/ State and Zip Cod	e
servie	e@oterolaw.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Jorge E. Otero, Esq.		305	567-9000
Name o	ge E. Otero, Esq. at (305) 567-9000 Name of Contact Person Area Code & Daytime Telephone		
Enclosed is a check fo	r 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 P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GOLD COAST PREMIER HOLDINGS NAPWEST, INC.

(Name of Corporation	as currently filed with the	<u>he Florida Dept. (</u>	of State)	
P16000097623				
(Documer	nt Number of Corporation	(if known)		<u> </u>
Pursuant to the provisions of section 607,1006, Florida S	tatutes, this <i>Florida Profi</i> .	t Corporation ado	nts the follow	ring amendment(s) to
its Articles of Incorporation:	,	,		<u> </u>
A. If amending name, enter the new name of the corp	ooration:			
				Thenew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the ab	"Inc." or "Co". A profe	y," or "incorpore essional corporati	ited" or the on name mus	abbreviation st contain the
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)			
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>		
				
D. If amending the registered agent and/or registered	t office address in Florid	a, enter the name	of the	
new registered agent and/or the new registered of				
Name of New Registered Agent				
Name of New Registered Agem				
	(Florida street address)			
	tranta siretraatessi			
New Registered Office Address:	(City)	, 1	Florida	in Code)
	æ ny		17	ην (υπαγ
New Registered Agent's Signature, if changing Regis	tered Agent:			
Thereby accept the appointment as registered agent. To	am familiar with and acce	pt the obligations	of the position	至
				≦ _ →
			HAS	
	2012 20 1		<u> </u>	
Signat	ure of New Registered Age	mt, if changing	Ţφ,	> <u> </u>
			227	PC'

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VT	Waison Lam	16155 SW 117 Ave., Suite B2
X Add			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			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
•		
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<u>-</u> .		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
ty nor appretant, material vory		
<u> </u>		
- 		

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 document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill 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(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	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 shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	-12-17)	
Signature		
selec	director president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
,	Veronica Garcia	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·