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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARCO GOLD C	COAST GETAWAY INC	
DOCUMENT NUM	P18000072037	7	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	BIBIANA M ESPINOSA		
		Name of Contact Persor	1
	ESPYS ACCOUNTING SER	RVICES INC	
		Firm/ Company	······································
	6591 RIVERVIEW AVE		
		Address	
	MIDDLETOWN OH 45042		
	-	City/ State and Zip Code	2
	JOHNESPINOSA@HOTMA	AIL.COM	
	•	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas Z	se call: at (²³⁹	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fe	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Divisio The C	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	O1	•	• · · · · · · · · · · · · · · · · · · ·		
ARCO'GOLD COAST GETAWAY E	NC		2023 OCT _ 2 DU E		
(Name	of Corporation as current	tly filed with the Florida D		5	
8000072037			·	.77	
	(Document Number of	of Corporation (if known)		[
ursuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amendm	ent(
If amending name, enter the new n	ame of the corporation:				
			The nev		
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation	ed" or the abbreviation "Corp., n-name-must-contain the word	ď	
Enter new principal office address	if applicables	6518 Hex Cir. Naples, Florida 34109			
. Enter new principal office address, Principal office address MUST BE A S					
	 ,				
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if appl			Florida 34109		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)				
	•				
). If amending the registered agent at	nd/or registered office add	dress in Florida, enter the	name of the		
new registered agent and/or the ne	w registered office addres	ss:			
Name of New Registered Agent					
wante to their negative rigen					
	Alarida e	treet address)			
	6518 Hex Cir, Naples	reer tataressy	2.1100		
New Registered Office Address:	OD to tiex Cit, isapies		, Florida		
		(City)	(Zip Code)		

Signature of New Registered Agent, if changing

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)

Add

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 V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address Name 1 (Check One) 1) ____ Change ____ Add Remove 2) ____ Change ____ Add __ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change

,						
						
				· · · · · · · · · · · · · · · · · · ·		
. If an amend	ment provides for an exc	hange, reclassifi	cation, or canc	ellation of issue	d shares,	
provisions t (if not a	or implementing the am pplicable, indicate N/A)	endment if not c	ontained in the	e amendment its	<u>self:</u>	

.

•

The date of each amendment(s) date this document was signed.	adoption:, if other than
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 I	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	··
	(voting group)
	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
арроі	inted fiduciary by that fiduciary)
	News A Cureus.
	(Typed or printed name of person signing)
	Prisinent
	(Title of person signing)

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