P180000 88560

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOLD COIN USA	INC	
DOCUMENT NUMB	P18000088560		
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ISHU CHHUGANI		
•		Name of Contact Person	
	GOLD COIN USA INC		
-		Firm/ Company	
	5190 SW 158TH AVE		
-		Address	
	MIRAMAR, FL 33027		
-		City/ State and Zip Code	;
	ISHUCHHUGANI@GMAIL	COM	
•	_	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	278-5764
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number
	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

GOLDCOIN USA INC			
(Name e	of Corporation as currentl	y filed with the Florida Dept. of State)	
P18000088560			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co". A	company," or "incorporated" or the abbreviati professional corporation name must conta	on "Corp.,"
•		5190 SW 158TH AVE	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIRAMAR, FL 33027	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		5190 SW 158TH AVE	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MIRAMAR, FL 33027	
D. If amending the registered agent an new registered agent and/or the new			
new registered agent and/or the nev		<u>i</u>	
Name of New Registered Agent	ISHU CHHUGANI		-
			<u></u>
	, -	eet address)	
New Registered Office Address:	5190 SW 158TH AVE, MI		
		(City) (Zip	Code)
			~ `
New Registered Agent's Signature, if c		with and accept the obligations of the position,	2020
	ſ	sun una accepi me obligations of the positions	SEP T
	uhufun.	1.2.7 90.0 90.0	28 厂
- 11 A A	Signature of New Re	egistered Agent, if changing	
Check if applicable		يوا الله و الله و الله	

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

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) X Change	P	ISHU CHHUGANI	5190 SW 158TH AVE
Add			MIRAMAR. FL 33027
Remove	P	NALINI MANIAR	1515 N UNIVERSITY DR
2) Change	<u></u>	NALINI MANAK	SUITE 202
Add X Remove 3) Change			CORAL SPRINGS, FL 33071
Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove 6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

9/21/2020
The date of each amendment(s) adoption:, if other than the
date this document was signed.
9/21/2020
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
(voting group)
Signature Signature Signa
(Title of person signing)