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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: ____

DOCUMENT NUMBER: P18000088560

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person	<u> </u>		
GOLDCOIN USA INC			
Firm/ Company	····		
5190 SW 158TH AVENUE	·		
Address			
MIRAMAR, FL 33027			
City/ State and Zip Code		- <u>-</u>	3
goldcoin.us@gmail.com		ΡĦ	
E-mail address: (to be used for future annual report notification)	<u></u>		<i>د</i>

For further information concerning this matter, please call:

 SIMRAN CHHUGANI
 at (424)
 278-5764

 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:

S35 Filing Fee

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) 202

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GOLDCOIN USA INC

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

P18000088560

(Document Number of Corporation (if known)

N/A

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:

GC USA INC

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 <u>MUST BE A STREET ADDRESS</u>)

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

1024. 14 PM 1: 02 TALLAHASSEE. FL

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

(Florida street address)

New Registered Office Address:

(City)

, Florida_____

(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.

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)

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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 PT John Doc X Remove <u>V</u> Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action Title Name Address (Check One) N/A 1) ____ Change 12 _____ Add 17 ___ Remove 2) ____ Change ••• ____ Add 202 Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ____ Add ____ Remove 5) Change ____ Add ____ Кеточе 6) ____ Change ____ Add ____ Remove

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

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	05/15/2024	
The date of each amendment(s) a date this document was signed.	doption:	_, if other that
-	16/2024	
Effective date if applicable:	10/2024	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and s	shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast by	for the amendment(s) was/were sufficient for approval (voting group) ACTARY OF	
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