P18000101160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

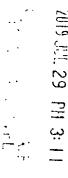
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA DOCUMENT NUMBI	ation: <u>Giold</u> er: <u>P</u> 18000	MAN QNC 101160	1 Umberger
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Dav	Firm/ Company 3 8 8 1 W S Address City/ State and Zip Cod	mberger NOVID Umberger Hate Rd 84 Apt 202 3312 Vahoo.com notification)
	concerning this matter, pleas (CiC Um bcr) f Contact Person		3 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□S43.75 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)
Maili	ing Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301



June 28, 2019

JACKIË UMBERGER 3881 W STATE RD 84 APT 202 DAVIE, FL 33312

SUBJECT: GOLDMAN AND UMBERGER, INC.

Ref. Number: P18000101160

We have received your document for GOLDMAN AND UMBERGER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE ONLY CHECK ONE BOX

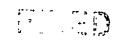
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist II Supervisor Letter Number: 319A00013219:

Articles of Amendment

Articles of Incorporation



(Name of Corpora	ation as currently filed with the Florida	Dept. of State)
P1800	D10116 D	
	ument Number of Corporation (if known)	-
rrsuant to the provisions of section 607.1006, Flori Articles of Incorporation:	ida Statutes, this Florida Profit Corporati	on adopts the following amendmen
If amending name, enter the new name of the	corporation:	
		The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	rp," "Inc," or "Co". A professional co	
. Enter new principal office address, if applicate Principal office address <u>MUST BE A STREET AI</u>		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>BOX</u>)	
. If amending the registered agent and/or registered new registered agent and/or the new registered		e name of the
Name of New Registered Agent		
	(Florida street address)	
		, Florida
New Registered Office Address:	(City)	

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie, 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 I)	<u>voe</u>	
X Remove	V <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change		Brankey Goldmi	AN 3891 W State Ro Ap+ 202 Davic F1 3331.
Add		·	Ap+ 202
Remove			<u> Pavie FI 3</u> 331.
2) Change			
Add			***************************************
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding addit (Attach additional sheets, if ne				
Removid	IC B	Rollel	GOLD MOIN	ONK
100110011		Marcy	<u> </u>	
			·	
				
			·	
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for provisions for implementin (if not applicable, indicate)	g the amendment i			
				
				<u></u>
	·			

The date of each amendment late this document was signed		:6_/	/13/19	<i></i>		, if other than the
Effective date <u>if applicable</u> :					. "	
		(no more	than 90 days afte	r amendment file o	late)	
Note: If the date inserted in document's effective date on t				tory filing requirer	nents, this date will	not be listed as the
Adoption of Amendment(s)		(CHECK ONE	E)			
The amendment(s) was/we ie shareholders was/we			rs. The number o	f votes cast for the	amendment(s)	
: The amendment(s) was/we must be separately provide	• •	•	•	••••	-	
"The number of votes	cast for the	amendment(s) w	yg elu raen ar Pr	"or approval		
by	_ ` .		NWV 6-			
The amendment(s) was/we action was not required.	re adopted by	the board of di	rectors without sh	archolder action a		
☐ The amendment(s) was/we action was not required. Dated				iolder action and sr	arenoider	
Signature _		3-19.	Zomb			_
se	elected, by an		if in the hands of	ectors or officers h a receiver, trustee,		
			Jack	erson signing)	bergek	
			Resid			
		b-	(Title of person s	rigning)		