

P19 0000 55384

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DIVISION OF CORPORATIONS
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Amend

MAR 23 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLDEN HEALTH CORPORATION

DOCUMENT NUMBER: P19000055384

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

Please return all correspondence concerning this matter to the following:

PRISCILLA AUCAR

Name of Contact Person

GOLDEN HEALTH CORPORATION

Firm/ Company

5612 NW 167TH STREET

Address

MIAMI GARDENS, FL 33014

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PRISCILLA AUCAR

Name of Contact Person

786

at (

376-9666

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
2012 APR 13 AM 11:19

NO check
1-28-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2020

PRISCILLA AUCAR
GOLDEN HEALTH CORPORATION
5612 NW 167TH STREET
MIAMI GARDENS, FL 33014

SUBJECT: GOLDEN HEALTH CORPORATION
Ref. Number: P19000055384

We have received your document for GOLDEN HEALTH CORPORATION. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00004103

2020 FEB 25 PM 3:33

Articles of Amendment
to
Articles of Incorporation
of
GOLDEN HEALTH CORPORATION

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

P19000055384

(Document Number of Corporation (if known))

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:

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 MUST BE A STREET ADDRESS)

5612 NW 167TH STREET

MIAMI GARDENS, FL 33014

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

5612 NW 167TH STREET

MIAMI GARDENS, FL 33014

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

PRISCILLA AUCAR

17105 SW 170 AVE

(Florida street address)

New Registered Office Address:

MIAMI

Florida 33187

(City)

(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

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SECTION OF STATE
CORPORATIONS
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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	<u>P</u>	<u>MELISSA AUCAR</u>	<u>7741 NW 7TH ST</u>
<u>Add</u>			<u>APT 519</u>
<u>X</u> Remove			<u>MIAMI, FL 33126</u>
2) <u>Change</u>	<u>VP</u>	<u>RONNIERT PEREZ</u>	<u>7741 NW 7TH ST</u>
<u>Add</u>			<u>APT 519</u>
<u>X</u> Remove			<u>MIAMI, FL 33126</u>
3) <u>Change</u>	<u>P</u>	<u>PRISCILLA AUCAR</u>	<u>17105 SW 170 AVE</u>
<u>X</u> Add			<u>MIAMI, FL 33187</u>
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

JANUARY 10, 2020

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 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 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):

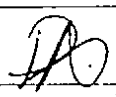
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

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

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

Dated 01/10/2020 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

PRISCILLA AUCAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)