P190000 65977

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2020 HAR -4 PH 1: 45

Amend

MAR 2/3 2020 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OR LAI	NOS GOLDEN CLASSIC CORP
DOCUMENT NUMBER: $_{-}$	9000065977
The enclosed Articles of Amendment and fee are:	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	SEPULVEDA Same of Contact Person ED ALS ANCE GROUP Firm/ Company SEMORAN BLVD San Fe 102 Address JOO FLORIDA 32807 City/ State and Zip Code ON 44 Chot MALL. Company used for future annual report notification)
For further information concerning this matter, ple	ease call:
Geovanny	at (407) 437-0345 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation

of

ORLANDO G	OUSEN	CLASSIC (20AP.		
		led with the Florida De			
P190000 6	55977				
		erporation (if known)			
Pursuant to the provisions of section 607,1006. Florida its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the fol	lowing amendme	ent(s) to
A. If amending name, enter the new name of the co	orporation:				
				The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "professional association," or the abbre	or "Co". 1 pi	pany," or "incorporated corporation	l" or the abbre name must c	eviation "Corp"	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			<u>/</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>X</u>) _ - -			2020 HAR -4 PH	FILEL
D. If amending the registered agent and/or register new registered agent and/or the new registered of		in Florida, enter the n	ame of the		
Name of New Registered Agent				— <u> </u>	ı
	(Florida street d	nddress			
New Registered Office Address:	(Cit	ny	Florida	(Zip Code)	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: l am familiar with	and accept the obligation	ons of the posi	tion.	
Signa	iture of New Regis	tered 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)

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>P1</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	9_	RODISLANOY DELGADO DIAZ	10281 CLINE AVENUE
Add Remove			ONLANDO, FLORIDA 32825
2) Change	9_	YENNY ZUNIGA BAGUE	10181 CLINE AURNUE
Add Remove Change		-	CRIANUO, FLORIBA 32820
Add Remove			
4) Change			
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			

ach additional sheets.	additional Articles, ento if necessary). (Be spe	rcific)	•		
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n amendment nrovi	des for an exchange, re	classification or	cancellation of is	med chares	
ovisions for implem-	enting the amendment	if not contained i	n the amendment	itself;	
(if not applicable, i	ndicate N/A)	-		· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption:	02/15/2020	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	02/15/2020	
(no m	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	t the applicable statutory filing requirements, this records.	date will not be listed as the
Adoption of Amendment(s) (CHECK (<u>ONE</u>)	
The amendment(s) was/were adopted by the incorperaction was not required.	orators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		nt(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		ment
"The number of votes cast for the amendment	(s) was/were sufficient for approval	
by	<u></u>	
tvoting gro	rup)	
Dated 97/15/20	r other officer – if directors or officers have not bee	
(By a director, president or selected, by an incorporate appointed fiduciary by tha	or – If in the hands of a receiver, trustee, or other co	n ourt
(Typed	or printed name of person signing)	<u></u>
PR	CFS/11 ENT	
(Title o	f person signing)	<u> </u>