P19000083376

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GOLDEN DYNAS	STY INC	
DOCUMENT NUME	P190000083376		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jacob Lammert		
		Name of Contact Person	
		Firm/ Company	
	1727 Diamond Dr		
		Address	-
	Orlando, FL 32807		
		City/ State and Zip Code	
	jacob,lammert@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Jacob Lammert		4()7 at (288-6217 le & Daytime Telephone Number
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State;
S35 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

Articles of Amendment to Articles of Incorporation of

GOLDEN DYNASTY INC		· · · · · · · · · · · · · · · · · · ·		
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000083376				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendme		
A. If amending name, enter the new n	ame of the corporation:			
		The new		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp' A professional corporation name must contain the word		
B. Enter new principal office address,		618 E. South St. Suite 500		
(Principal office address MUST BE A S		Orlando, FL 32801		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		GOLDEN DYNASTY INC		
		618 E. South St. Suite 500		
		Orlando, FL 32801		
D. If amending the registered agent as	rd/or registered office ad-	dross in Florida, enter the name of the		
new registered agent and/or the ne				
Name of New Registered Agent	Jacob Lammert			
	618 E. South St. Suite 50	0		
	(Florida s	treet address)		
N n : 100 111 .	Orlando	51 32801		
New Registered Office Address:		(City) , Florida (Zip Code)		
New Registered Agent's Signature, if of	hanging Registered Agen	it: with and accept the obligations of the position.		
raceo, accept the appointment in regio	terea agem. Tam jamana	with and accept the outgations of the position.		
Jacob Lam	ment	Registered Agent, if changing		
U	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)

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>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Maurice Gray	11640 BALTIC ST
Add			ORLANDO, FL 32817
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	de and the state of the state o
Add			
Remove			
6) Change			,
Add			
Remove			

A 	ditional sheets, if necessary). (I	Be specific)			
					-
			<u> </u>		
 					
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				<u>.</u>	
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If an am	ndment provides for an exchan	ge, reclassification, o	r cancellation of issu	ed shares,	
provisio	ns for implementing the amend:	ment if not contained	in the amendment i	tself:	
	ot applicable, indicate N/A)				
(if n					
(if n					

 ·	N/A		
The date of each amendment date this document was signed			
date inis document was signed	N/A		
Effective date if applicable:	(no more than 90 days after amendment file date)		
	(no more than 50 days after americanem fue date)		
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.		
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder		
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement and 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)		
	(voting group)		
11/24/	720		
Dated			
	Occided to the state		
Signature	y a director, president or other officer – if directors or officers have not been		
sc	elected, by an incorporator – if in the hands of a receiver, trustee, or other court		
ар	opointed fiduciary by that fiduciary)		
	Jacob Lammert		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		